

SECTION 3 - BOOKED SESSIONS NURSERY CAMPUS SELECTED: <i>(Please tick)</i> Elgin Fort William Oban					
For summer holiday complete weeks 1-6 for all other holidays complete weeks 1-2					
WEEK 1 (Date and Time)	WEEK 2 (Date and Time)	WEEK 3 (Date and Time)	WEEK 4 (Date and Time)	WEEK 5 (Date and Time)	WEEK 6 (Date and Time)

SECTION 4 – CHILD HEALTH INFORMATION Medical Information/Contacts – please provide details of any medical condition of which the Nursery Team should be aware (e.g. asthma, allergies, epilepsy etc)

Does the child have any medical condition, disability, additional support needs or receive regular medication? Yes
 No

If yes, please give details

Doctor’s Surgery Address and Telephone number:

SECTION 5 – SUN BLOCK/MIDGE AND ADDITIONAL CONSENTS <i>(please tick yes/no)</i>	Yes	No
Do you give permission for staff to apply sun block/midge repellent to your child if it is deemed necessary?		
Do you need to provide information relating to religion e.g. observance of religious festivals, prohibited foods?		
Does your child have any non-medical dietary requirements e.g. vegetarian, no e-numbers?		
If yes, please give details		

SECTION 6 – CONSENT

I declare my child medically fit to participate in the Stramash Holiday Program activities both on and off site. I undertake to notify Stramash Outdoor Nursery in the event of any change in health. I understand that there is an element of risk involved in taking part in outdoor activities and I accept that risk. In the case of an incident, I give Stramash Outdoor Nursery personnel the authority to administer any first aid treatment considered necessary to preserve my child’s life. I agree to emergency medical, surgical and dental treatment being administered to my child, as considered necessary, by professional medical authorities. **By ticking this box I give consent for my child to partake in Stramash Outdoor Nursery Activities**

I accept that personal belongings are not covered by Stramash insurance and that Stramash Outdoor Nursery will not be held liable for damage to, or loss of, these items. **By ticking this box I acknowledge my awareness of this policy**

Photographs and videos are taken during Stramash Outdoor Nursery sessions. These will be used in the assessing, evaluation and monitoring processes. At times they may be used in Stramash publicity, publications and website, including social media. At times the press may ask to take photographs of the children involved in nursery activities. **By ticking this box I give consent for use of images for my child in marketing and social media**

I consent to my personal email being added to the Stramash mailing list. This list will be used to provide information/updates regarding nursery, provide induction materials, and marketing of upcoming Stramash nursery events. At no time will your email be given, sold, or passed on to a 3rd party without consent. **By ticking this box I give consent for my email to be added to the Stramash mailing list**

If at any time you wish to withdraw any of the above given consents or if you would like more information about how your child’s private information is stored please contact Stramash on info@stramash.org.uk

Signature of Parent/Guardian	Name	Date
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