**WILDCHILD RESIDENTIAL – CONSENT FORM**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## EMERGENCY CONTACTS

Daytime contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## HEALTH AND SAFETY

My child is taking the following medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

which needs to administered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has allergies to the following foods:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If my child should behave inappropriately, I agree to fetch her/him from Wildchild myself 🞏

Any other information we need to know:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give consent for my child being given first aid or medication as deemed necessary by the team members 🞏

Signed………………………………………Date………………………..

*Wildchild Residential – Greenway Primary and Nursery School – May 2022*