

Use of plasters permission form

I will/will not allow the person named below to use plasters on my child when administering first aid.

<b>Child's Name</b>	
<b>Childminder's Name</b>	
<b>Childminder's Signature</b>	
<b>Date</b>	
<b>Parent(s) name</b>	
<b>Parent(s) signature</b>	
<b>Date</b>	
<b>Parent(s) name</b>	
<b>Parent(s) signature</b>	

Sun protection cream application form

I/we agree for sun protection cream to be applied to the named child by the childminder named below.

<b>Child's Name</b>	
<b>Childminder's Name</b>	
<b>Childminder's Signature</b>	
<b>Date</b>	
<b>Parent(s) name</b>	
<b>Parent(s) signature</b>	
<b>Date</b>	
<b>Parent(s) name</b>	
<b>Parent(s) signature</b>	

Transporting in a vehicle permission

I/we agree for the named child to be transported in a vehicle with the childminder named below.

<b>Child's Name</b>	
<b>Childminder's Name</b>	
<b>Childminder's Signature</b>	
<b>Date</b>	
<b>Parent(s) name</b>	
<b>Parent(s) signature</b>	
<b>Date</b>	
<b>Parent(s) name</b>	
<b>Parent(s) signature</b>	

Arnica Cream or Teething Gel application form

