

Use of plasters permission form

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

Child's Name	
Childminder's Name	
Childminder's Signature	
Date	
Parent(s) name	
Parent(s) signature	
Date	
Parent(s) name	
Parent(s) signature	

Sun protection cream application form

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

Child's Name	
Childminder's Name	
Childminder's Signature	
Date	
Parent(s) name	
Parent(s) signature	
Date	
Parent(s) name	
Parent(s) signature	

Transporting in a vehicle permission

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

Child's Name	
Childminder's Name	
Childminder's Signature	
Date	
Parent(s) name	
Parent(s) signature	
Date	
Parent(s) name	
Parent(s) signature	

Arnica Cream or Teething Gel application form

