



Consent Form

Child's full name

I give permission for Itchen Valley Montessori staff to administer Emergency First Aid and to seek any necessary Medical advice or Treatment.

Parents signature

Date

I give permission for Itchen Valley Montessori to take photos and make observations of my child and use them in the Nursery in their Records of Achievements and on display boards

Parent signature

Date

I understand that the information recorded for the Early Years Foundation Stage will be stored securely and confidentially. Under the Data Protection Act 1998 any confidential information regarding your child will not be passed onto organisations without your consent, unless it is of a child protection nature. In which case information will be shared with the appropriate agencies.

Parent signature

Date