04 Permission Slips X

PERSON WITH PARENTAL RESPONSIBILITY,
PLEASE SIGN AND RETURN THE FOLLOWING PERMISSION FORM
FOR THE NAMED CHILD BELOW

Child's Name	

At the Fountains Primary School we recognise that we have a responsibility to handle the pupils for exercises (including sensory needs and physiotherapy), toileting, washing, swimming, hand-held supervision and dressing, as part of personal hygiene and social education. We therefore need to have your written permission to carry out these activities.

Swimming - If you would like your child to wear goggles whilst swimming at school or at Meadowsid please give your permission below.

Signed (Person with PR)		**Date**	

Sun Protection - To help us protect your child's health and well-being, please ensure your child brings school a labelled sun hat, water bottle and sun cream to school when it is warm.
I give permission for school staff to re-apply sun cream as necessary whilst at school.

Signed (Person with PR		**Date**	

Personal Care - I give permission for the staff to handle, toilet, wash and dress my child, as appropria as part of the personal and social care of my child.

Signed (Person with PR)		**Date**	

Please let us know any of any personal care needs (refer to any toileting plans, dressing or undressing and medical needs). This information may be used to support a personal Intimate Care Plan for your child.

Personal Care (including the administration of prescribed and non-prescribed creams) - To help us protect your child's health, they may, at times, need pprescribed and non-prescribed creams applied in intimate areas by staff. This cream needs providing by parents, be in date and be labelled.
I give permission for school staff to re-apply sun cream as necessary whilst at school.

Signed (Person with PR)		**Date**	

Please let us know any of any personal care needs (refer to any toileting plans, dressing or undressing and medical needs). This information may be used to support a personal Intimate Care Plan for your child.

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Going on the school mini bus/walking in the local community

As part of my child's learning experiences at the school there will be occasions when she/he will be taken off the premises (i.e. on walks, visits, sports fixtures etc.). These outings are an integral part of the school curriculum.

I understand that as part of my child's learning experiences, they will be taken off the school premises as stated above. In addition to this I understand that first aid or urgent medical treatment may be administered during any school trip or activity.

Signed (Person with PR)		**Date**	

Rebound Therapy

As part of our school curriculum, we will be offering Rebound Therapy to pupils who will benefit from this intervention.

Rebound Therapy is the therapeutic use of the trampoline to develop and promote motor skills, body awareness, balance, co-ordination and communication. It is designed to accommodate individual abilities and disabilities, whilst drawing upon their previous experiences, likes and dislikes. Improved health and fitness and greater independence are encouraged, whilst fun, enjoyment and the opportunity to succeed are one of paramount importance.

There are certain medical conditions which will restrict pupils from participating in this therapy, these are listed below:

- Spinal Rodding
- Detaching Retina
- Dwarfism
- Brittle Bones
- Atlantoaxial instability (AAI)

I give permission for my child to take part in Rebound Therapy sessions at school. I confirm that I am not aware of any medical condition which would prevent him/her from taking part. Pupils will be unable to participate without this consent form being signed.

I understand that I will need to notify the school in writing if I no longer wish for my child to take part in Rebound Therapy.

Signed (Person with PR)		**Date**	