



ACKNOWLEDGEMENT & PERMISSION AGREEMENT

Name of Child(ren)

I acknowledge I have read the Policies, Terms and Conditions (available to view at www.steppingstonesafterschoolclub.co.uk) and understand, agree and accept all policies and procedures contained therein. I understand that these will be updated from time to time and that I will be advised when this has occurred. I understand that the most up to date copy is always available at the setting and online. I will read the Notice board to keep up to date with any changes and notifications issued by Stepping Stones.

Permission

I understand that my child may be transported to Stepping Stones by minibus or car Y/N

I give permission for Stepping Stones to take photographs for use within the setting only Y/N

I give permission for Stepping Stones to use any photographs on the Stepping Stones website only Y/N

I understand that I will be asked for permission separately should any photograph of my child be required for any other purpose. Y/N

I understand that Stepping Stones staff may take my child to the local playground Y/N

I give permission for any trained First Aider at Stepping Stones to give first aid treatment to my child when required. I understand that if an injury is deemed to be serious and Emergency Medical Treatment is required, that an ambulance will be called and treatment will be provided according to healthcare professionals' advice. Y/N

I give permission for Stepping Stones to administer Waspeeze in the event my child is stung by a wasp Y/N

Signed: (Parent/Guardian)

Print Name:

Date: