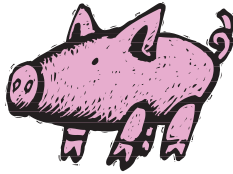


Little trotters



FARM & NURSERY SCHOOL

Consent & Contact Form

This form is to be completed and signed by the child's parent or legal guardian.

Name of Child: _____

1. In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent, or legal guardian at the telephone number provided below.

Parent's (legal guardian's) name: _____

Telephone numbers _____ on _____ (hours/day)

_____ on _____ (hours/day)

Parent's (legal guardian's name) name: _____

Telephone numbers _____ on _____ (hours/day)

_____ on _____ (hours/day)

In the event that I or the others listed are not available, I give my permission to the caregiver to provide first aid (all staff are trained), for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to

Or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to the emergency medical facility unless accompanied by another adult.

Signature _____ Date _____

2.(a) I, _____ understand and accept that there will be animals on the school Premise and that my child _____ will be partaking in activities involving these animals.

Signature _____ Date _____

2.(b) Little Trotters Farm & Nursery School pledges that the utmost in hygiene and safety regulations will be adhered to. However, as parent / legal guardian, I accept that there is a possibility that an incident resulting in injury may occur. I hereby release Little Trotters Ltd from any liability subject to the company being duly diligent.

Signature _____ Date _____

NB. Signature for 2a results in required signature for 2b.