**Parental Consent Form**

**Information (Date)……………………………**

|  |  |
| --- | --- |
| Pupil |  |
| Name  |  |
| Year |  |
| Class |  |

|  |  |
| --- | --- |
| **Parent/carer** |  |
| Name |  |
| Relationship to pupil |  |
| Address |  |
| Phone |  |
| Mobile  |  |
| Email |  |

*Please indicate whether you have given your consent in each case by ticking the box on the right-hand side; and sign and date the form on the last page.*

**On-site activities**

*I give my permission for my child to:*

|  |  |
| --- | --- |
| Use the internet in line with the school’s acceptable usage policy |  |
| Take part in food preparation/cooking and tasting activities |  |

*Please outline any food allergies/specific dietary requirements:*

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**Off-site activities**

*I give my permission for my child to take part in:*

|  |  |
| --- | --- |
| Supervised visits/sports events to local destinations (within 3 miles) away from the main school site  |  |
| Supervised one-day non-residential visits within the UK (These would still be subject to standard school letter/permission slips) |  |
| Supervised Swimming off site  |  |

**Medical consent**

*I give my permission for:*

|  |  |
| --- | --- |
| My child to be given first aid by a trained member of staff during any on-site or off-site activity |  |
| My child to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity |  |
| My child’s information to be shared with the NHS and other relevant health professionals |  |
| Plasters to be applied to my child |  |
| Staff to administer the medicines as specified on signed medication forms |  |

*Please outline any medical conditions/allergies:*

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**Emergency release**

*I give my consent for my child to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted:*

|  |
| --- |
| **Person 1** |
| Name |  |
| Address |  |
| Relationship to pupil |  |
| Contact number |  |

|  |
| --- |
| **Person 2** |
| Name |  |
| Address |  |
| Relationship to pupil |  |
| Contact number |  |

**Use of information and image (including photographs and video recordings)**

*I give my permission for my child’s:*

|  |  |
| --- | --- |
| Image to be used as part of school wall displays/class activities  |  |
| Image (not named) to be used on the school website  |  |
| Image (not named) to be used in external media, e.g Local newspaper press release |  |
| Image to be included in the School’s annual formal class/whole school photographs |  |
| Image to be included in the School’s annual formal individual photographs |  |
| Named work to be displayed around the school on wall displays |  |

**Communication**

*I give my permission for the school to contact me via:*

|  |  |
| --- | --- |
| Phone |  |
| Email |  |
| Text message |  |

*The information in this form will be used throughout your child’s time at school. You may withdraw your consent at any time by contacting the school.*

*Please sign and date the form before returning it to the School Office*.

Signed: ................................................................................ Date: ....................