Sytchampton Endowed Primary School

**Parental Consent Form**

Please read in conjunction with the accompanying notes re media/food tasting/ Forest School activities.

*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 on* [*office@sytchampton.worcs.sch.uk*](mailto:office@sytchampton.worcs.sch.uk) *or 01905 620418.*

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/carer CONTACT 1:** | | **Parent/carer CONTACT 2:** | |
| Name |  | Name |  |
| Relationship to pupil |  | Relationship to pupil |  |
| Address |  | Address |  |
| Phone |  | Phone |  |
| Mobile |  | Mobile |  |
| Email |  | Email |  |

*Please indicate whether you have given your consent in each case by ticking the relevant box on the right-hand side before signing and dating the form on the last page.*

**On-site activities**

*I give my permission for my child to:*

|  |  |  |
| --- | --- | --- |
|  | *YES* | *NO* |
| Use the internet in line with the school’s acceptable usage policy |  |  |
| Take part in Forest School sessions in and around school grounds and to go for short accompanied walks along Cow Lane behind school |  |  |
| Take part in food preparation/cooking and tasting activities |  |  |

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

.................................................................................................................................................................

.................................................................................................................................................................

**Off-site activities**

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

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Supervised visits/sports events to local destinations (within 10 miles) away from the main school site  (These would still be subject to standard school letter/permission slips) |  |  |
| Supervised one-day non-residential visits within the UK  (These would still be subject to standard school letter/permission slips) |  |  |
| Supervised Swimming off site (Droitwich Leisure Centre) |  |  |

**Medical consent**

*I give my permission for:*

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 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 |  |  |
| Alert notices (including child’s photograph) regarding any medical condition my child has to be displayed around school for the purposes of staff awareness (ie allergy/epilepsy/diabetes etc) |  |  |
| Plasters to be applied to my child |  |  |
| Staff to administer the medicines as specified on signed medication forms (staff can only administer medicines prescribed by a GP or hospital and such medicines must have a prescription label on) |  |  |
| I have completed a Medical Information form (and asthma record sheet if applicable) and agree to keep these forms updated promptly in the event of any changes. |  |  |

**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 either of the first two contacts cannot be reached:*

(In line with the new General Data Protection Regulations, please ensure when completing this section, that you have the permission of those contacts you wish to include on your child's record, and that those persons are happy for school to store/ process their data in compliance with the regulations.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Person 1** | | **Person 2** | |
| Name |  | Name |  |
| Address |  | Address |  |
| Relationship to pupil |  | Relationship to pupil |  |
| Contact number |  | Contact number |  |

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

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

|  |  |  |
| --- | --- | --- |
|  | *YES* | *NO* |
| Image to be used as part of school wall displays/class activities |  |  |
| Image (not named) to be used in external media, e.g Local newspaper press release, school website, social media sites including Twitter or Facebook to publicise school events/activities. |  |  |
| Image (named) to be used in external media, e.g Local newspaper press release, school website, social media sites including Twitter or Facebook to publicise school events/activities |  |  |
| Image (named or not named) to be posted on our learning platform Seesaw which is a secured platform with restricted access to our school community only. |  |  |
| 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:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent/carer CONTACT 1:** | |  | **Parent/carer CONTACT 2:** | |  |
|  | *YES* | NO |  | *YES* | *NO* |
| Phone |  |  | Phone |  |  |
| Email |  |  | Email |  |  |
| Text message |  |  | Text message |  |  |

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

Signed (CONTACT 1): ............................................ Date: ....................

Signed (CONTACT 2): ............................................ Date: ....................