**Parental Consent Form**

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| **Name of Young Person:** |  | |
| **Date of Birth:** |  | Class: |

**Educational/Recreational Visits - Parental Consent for a rolling programme or series of local visits**

By ticking this box I understand that my child may leave the establishment premises for local visits as outlined in the establishment’s educational visits policy and hereby give my consent for my child to participate in such visits. I also understand that my child may leave the establishment premises at other times when I will be informed separately by letter and when further consent will be required of me.

I undertake to inform the visit leader/head as soon as possible of any change in the medical or other circumstances after the date shown below.

I agree to my son/daughter receiving emergency medical or dental treatment of any nature as considered necessary by the medical authorities present.

I agree that if my child urgently requires medical or dental treatment and it is not possible to contact me/us, the visit leader in charge at the time is authorised on my/our behalf to give consent to such emergency treatment.

**Photographs / Video Clips of Children – Parental Consent for use by our school**

By ticking this box I give permission for my child to be included in photographic and video media for use by the school for marketing (website / prospectus / local news), communication (social media / parental engagement), display work (around school)nd for recording of performances. I understand the school has the policies around use of digital images, photography and videos and the equipment used to take them, and I support these. I understand that children will take pictures themselves as part of the curriculum on school provided devices. These images may be printed.

I understand that school will not use personal information or full names of any child or adult in a photographic image or alongside their work in publicity that reasonably promotes the work of the school. If a child appears in a photograph on their own, we will not use their first or surname.

I understand that school will only take photographs or videos of my child that are suitable, decent and will not cause upset or embarrassment.

I understand that school will not re-use any photographs or recordings after your child leaves the school without additional consent.

Any digital copies of photos/media or personal information/data about my child taken from the school premises will be kept safe by being password protected and encrypted either on a laptop, iPad or memory stick provided by the school for work use only,

Paper copies of images or personal information e.g. in workbooks, assessment information will be kept in a secure location in staff homes when not in transit. Staff have signed to say they understand and will uphold the rules and regulations surrounding this.

**Online Safety Agreement – Parental Consent for use by our school**

By ticking this box I give permission for my child access to internet services within school. By ticking I accept that ultimately the school cannot be held responsible for the nature and content of materials accessed through the Internet and mobile technologies, but I understand that the school takes every reasonable precaution to keep pupils safe and to prevent pupils from accessing inappropriate materials. I understand that the school can, if necessary, check my child’s computer files and the Internet sites they visit at school and if there are concerns about my child’s e-safety or e-behaviour they will contact me. I understand that the school takes any inappropriate online behaviour (either by staff, parents/relatives or pupils) seriously. School will respond to observed or reported inappropriate or unsafe behaviour promptly. This includes, but is not limited to, creation of online groups that contain the school name, pupil and staff information.

I will support the school by promoting safe use of the Internet and digital technology at home. I will inform the school if I have any concerns.

**Use of Mobile Devices on School Property – Parental Consent for use by our school and use within school**

By ticking this box I understand that I will be verbally notified at the start of school performances/productions if I can or cannot take photographs and videos of the children. I will follow the instructions given. This is to keep school in line with current safeguarding requirements and applies to other relatives or friends who come to support my child.

I agree I will not share online any photographs of children other than my own, or any member of staff, the governing body, volunteers or visitors I am allowed to take at school events without permission. This applies to other relatives or friends that also take photographs or videos.

I understand that I am not to use any personal mobile equipment e.g. mobile phones or tablets on the school premises without express permission from a member of staff. This applies to other relatives or friends who come into school.

My mobile phone will be switched to silent or turned off while I am on the school premises. This applies to anyone entering the school building.

If I need to use this equipment, I will ask a member of staff who will direct me to a designated area.

I understand that if I or another adult comes to collect my child and I am on my mobile phone, staff will not hand over my child until I have finished my call.

**Use of Social Media– Parental agreement**

By ticking this box I understand that the school takes any inappropriate online behaviour (either by staff, parents/relatives or pupils) seriously. School will respond to observed or reported inappropriate or unsafe behaviour promptly. This includes, but is not limited to, creation of online groups that contain the school name, pupil and staff information.

I will support the school by promoting safe use of the Internet and digital technology at home. I will inform the school if I have any concerns.

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| Emergency Contact Numbers – Please complete details below | | | |
| I may be contacted on the following telephone numbers: | | | |
| Name: |  | | |
| Home Address: |  | | |
| Home Telephone: | | Work: | Mobile: |

If I am not available please contact:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Home Address: |  | | |
| Home Telephone: | | Work: | Mobile: |

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| Medical Information, declarations and consent | | |
| (a) | Does your son/daughter suffer from any conditions requiring medical treatment or medication?  If yes please give details | YES/NO |
| (b) | Is your child allergic to any medication or treatment?  If so please give details | YES/NO |
| (c) | Name, address and telephone number of family doctor: |  |
| (d) | When did your son/daughter last receive a tetanus injection? |  |
| (e) | Please outline any special dietary requirements of your child: |  |

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| **Signed:** | **Name** |  | Parent/Carer |
| Date: | | | |
| **Signed:** | **Name** |  | Parent/Carer |
| Date: | | | |

This form should be completed annually. If a request is made subsequently for the withdrawal of the form a note or letter to that effect will be placed on the file and the copy of the form will be crossed through stating that the form has been withdrawn and the date on which such withdrawal takes effect.