

# Newton Hill Community School Parental Consent Form June 2020

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**

	give n	ive	ive r	, permi	ission	for	my	child	to
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I give my permission for my child to:	
Use the internet in line with the school's acceptable usage policy	
On Site - Use the internet in line with schools acceptable usage policy	
On Site - 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:	
Supervised visits/sports events to local destinations within 3 miles of the school	
Supervised 1-day non residential visits within the UK-permission slips to parent/carer	

Supervised swimming off site (Sun Lane Leisure Centre)

### **Medical consent**

# I give my permission for:

My child to be given first aid by a trained member of staff on and off site	
My child to receive medical treatment as may be considered necessary by medical auth.	
My childs information to be shared with the NHS and other relevant health professionals	
Plasters to be applied to my child	
Staff members to administer the medicines a specified on signed medical forms	
Please outline any medical conditions/allergies:	
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### **Emergency release**

Contact number

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:

Permission to be contacted	o contact when Emergency Release 1 ICE or illness and parent cannot
Name	
Address	
Relationship	
to pupil	
Contact	
number	
Permission to be contacted	o contact when Emergency Release 2 ICE or illness and parent cannot
Name	
Address	
Relationship	
to pupil	

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

# I give my permission for my child's:

I am happy for school to take photos of my child	
I am happy for photos of my child to be used in the school newsletter	
I am happy for photos of my child to be used in internal displays	
I am happy for photos of my child to be used on the school website	
Image (not named) to be used on the school messaging app Parent Hub	
I am happy for photos of my child to be used in the media, for example local newspapers	
Image to be included in the schools annual formal individual photos	
Image to be included in the schools annual formal whole school/class photos	
Named work to be displayed around the school on wall displays	
Do you give permission for photos to be taken of your child at FEET?  Nursery Starters Only	
I am happy for my childs photograph to be used on appear on social media, ie Twitter	
I am happy for photos of my child to be used in printed school materials e.g. school prospectus	
I am happy for the school to take videos of my child	
I am happy for the school to use videos of my child for promotional purposes eg school website	
I am <b>NOT</b> happy for the school to take or use photos or videos of my child	

### Communication

	Permission to contact via Email			
	Permission to contact via Phone			
	Permission to contact via Text Message			
TI	ne information in this form will be used throughout your child's time at scho	ol.		
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.				
Si	gned: Date	<b>:</b> :		