



Parental Consent Form

Information (Date).....

Pupil					
Name		Class		DOB	

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

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		Relationship to pupil	
Address			
Contact numbers			

Person 2			
Name		Relationship to pupil	
Address			
Contact numbers			

Person 3			
Name		Relationship to pupil	
Address			
Contact numbers			

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, if not please give details below	
Staff to administer the medicines as specified on signed medication forms	

Please outline any medical conditions/allergies:

.....

.....

.....

.....

.....

.....

School activities

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

Supervised visits/sports events to local destinations (within 2 miles) away from the main school site. Parents/carers will be informed before these activities take place.	
Supervised one-day non-residential visits within the UK (These would still be subject to standard school letter/permission slips)	
The use of the internet in line with the school's acceptable use policy	
Food preparation/cooking and tasting activities	

Please out-line any food allergies/specific dietary requirements:

.....

.....

Use of information and images (including photographs and video recordings)

During the course of the school year, we may sometimes wish to take digital images of pupils within the school or on school trips.

This is usually:

- to celebrate pupil success/achievement
- or our own internal records
- for use as part of our curriculum
- for inclusion in our promotional material such as school prospectus, marketing materials and website

I give my permissions for my child's:

Image to be used as part of school wall displays/class activities	
Images of my child may be used in school literature (e.g. the school's newsletters/prospectus) and other promotional material	
Image (first name only) to be used on the school website	
Image (first name only) to be used on the school social media sites	
Image (first name only) 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/individual/sports photographs (currently taken by Tempest Photography)	
Named work to be displayed around the school on wall displays	
Images of my child may be used in Elburton Parent Teacher Association promotional material.	

Communication

I give my permission for the school to contact me for school and PTA related matters:

	School	PTA
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.....