

Parental Consent Form - Trips, Images and Medication

Name of Child:		Date of Birth:	
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EDUCATIONAL VISITS

This consent will last for the entire time that your child is with us at this school, but it is good practice for us to check your consent still applies when we offer residential or adventurous visits. When we tell you about them we will ask for current information about your child e.g. updated medical needs, sleepwalking, swimming ability etc. and offer you the chance to withdraw your consent. You should also complete and return any slip provided at that time.

I *do / do not consent to my child taking part in school trips and other activities that take place off-site **and** to them being given urgent medical or dental treatment or necessary pain relief during any trip or activity. I understand that:

- **All** trips and activities are covered by this consent and will include;
 - all visits (including residential trips) which take place during the holidays or a weekend,
 - adventure activities at any time *and*
 - off-site sporting fixtures outside the normal school day,
- School will provide me with information about each trip or activity before it takes place.
- I can inform school that I **do not** want my child to take part in a particular trip/activity and I should do so in writing.
- I **must** ensure that I and my child understand and agree to abide by any trip Code-of-Conduct.
- I **must** keep school informed if any medical information I have provided becomes out-of-date or where religious beliefs may impact on any medical treatment my child may receive.
- I **must** keep school informed if any emergency contact information I have provided becomes out-of-date or does not apply to a particular trip and I must provide alternatives as necessary.
- All school activities are appropriately insured. I also understand the extent and limitations of this insurance (details available on request).

Medical Information: Details of any medical conditions including allergies and travel sickness that my child suffers from and any medicines with dosage etc. that they should take during off-site activities including those outside school hours or overnight – attach additional sheet if necessary.

Using our website to communicate with you: *please delete as applicable

I *can / cannot use the school website to keep up to date with information about school and in particular, activities, visits and fixtures.

EMERGENCIES	Emergency Contact 1		Emergency Contact 2	
Name:				
Relationship:				
Telephone Number(s):	Work:		Work:	
	Home:		Home:	
	Mobile:		Mobile:	

USE OF YOUR CHILD'S IMAGE AND VOICE *please delete as applicable

I *do / do not consent to image and voice recordings of my child being published in media used for official school purposes in line with school policy *which school directly controls* and which will **never** be put online e.g. the Christmas play DVD, the promotional montage video that plays on repeat in reception, a printed newsletter that will never be put on the school website.

I *do / do not consent to image and voice recordings of my child being published in media *which school directly controls* and which **will** be put online and therefore be available worldwide e.g. the prospectus, the school website, school Twitter feed.

PLEASE TURN OVER FOR MORE INFORMATION AND CONSENT

I *do / do not consent to image and voice recordings of my child being published in media *which school does not directly control* i.e. by outside organisations which school has carefully selected and which **will** be put online e.g. the news media, other school websites publicising events that your child participated in etc.

Consent for child's FULL NAME to be published in local media with photographs * YES / * NO please delete

I *do / do not consent to my child being included in any image or voice recordings made by other parents/carers who want to make a record of school events for their own personal use.

I *do / do not agree that any image or voice recordings I might make at school events will not be used inappropriately, or shared publicly without suitable consent from everyone captured. **NB:** If you do not agree to this, governors reserve the right to take steps to prevent you from taking your own images or using/sharing any images that others have taken at school events.

THE GIVING OF NECESSARY MEDICATION

We will not give your child any medicine, including necessary pain relief, unless it is in line with our Supporting Pupils with Medical Conditions Policy (available on request) **AND** you give your express consent, by signing our Administration of Medication consent form at that time (available on request).

Signed:		Date:	
Print Name:		Relationship to Child:	