

DANE BANK PRIMARY SCHOOL MULTI PURPOSE PARENTAL CONSENT FORM

You may withdraw your consent to any of these sections, at any time, by contacting the school

| | |
|------------|---------------|
| Pupil Name | Date of Birth |
|------------|---------------|

| | | |
|----------------------|--------|--------|
| Name of Parent/Carer | | |
| Address | | |
| Phone | Mobile | E Mail |

PLEASE INDICATE WHETHER YOU HAVE GIVEN CONSENT IN EACH CASE BY TICKING THE BOX ON THE RIGHT HAND SIDE

On-site Activities

| | |
|--|--|
| I give permission for my child to use the internet in line with the school's E Safety Policy [A copy of this is available upon request] | |
| View films and clips rated PG | |
| Take part in food preparation and tasting activities <i>Please outline any food allergies/specific dietary requirements:</i> | |

Please tick here

Off-site Activities

I give permission for my child to take part in:

| | |
|--|--|
| Supervised visits to local destinations away from the school main site | |
| Supervised 1 day NON residential visits within the UK | |
| Supervised off-site activities (e.g. sporting fixtures and swimming lessons) | |

You will be sent information about such activities in advance

Medical Consent

I give 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 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 care professionals | |
| A member of the school's senior leadership to sign, on my behalf, medical consent forms if my child should require emergency treatment and I cannot be contacted | |
| Plasters to be applied | |
| Anti-bacterial hand gel to be used | |
| Assistance to be provided in applying sunscreen if necessary | |

| | |
|---|--|
| Please outline any medication that would need to be taken during off-site visits | |
|---|--|

Emergency/Necessary Release

If I cannot be contacted I give permission for my child to be collected by

| PERSON 1 | |
|----------------------|--------------|
| Name | Relationship |
| Address | |
| Their contact number | |

| PERSON 2 | |
|----------------------|--------------|
| Name | Relationship |
| Address | |
| Their contact number | |

Use of Information and Image (Including Photographs and Electronic Recordings)

I give permission for my child's

| | |
|--|--|
| Work to be used in school displays and on the school website and app (Full names of children will never be published) | |
| Images to be used within school (e.g. wall mounted displays) | |
| Images to be published in school printed publications(e.g. newsletters) | |
| Images to be used in the local media | |
| Images to be taken by, or used in circulation, to other parents (e.g. school events) on the understanding that the images will not be posted onto social media sites | |
| As a parent or carer I understand that I am not permitted to take photographs or make electronic recordings for anything other than my own personal use and will not distribute or post images which include other children online (This includes social networking sites such as Facebook and You Tube etc.) | |

Signed:..... Date:.....

Although every effort will be taken to track these consents and activities, we ask that you also highlight these to staff where necessary. Thank you.