

# Downholland Haskayne C of E Primary School

## Parental GDPR Consent Form



Pupil	
Name	
Date of Birth	

Parent/carer	
Name	
Relationship to pupil	
Address	
Phone	
Mobile	
Email	

Please indicate 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 / Off-site activities

Use the internet in line with the school's acceptable usage policy	
Supervised visits to Haskayne Village Hall and St Thomas' or Our Lady's Church	
Supervised Swimming off site (Park Pool, Ormskirk)	

### Medical consent

My child to be given first aid by a any member of staff during any on-site or off-site activity	
My child to be given first aid by a trained first aider from any off-site provider	
Plasters to be applied to my child	
Staff to administer the medicines as specified on a signed medication forms and in line with our Medication Policy.	
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  <i>*We will always contact parents first, however this is just in case we cannot obtain contact with a parent*</i>	

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

Image ( <b>not named</b> ) to be used as part of school wall displays / class activities	
Image ( <b>not named</b> ) to be used on the school website	
Image ( <b>not named</b> ) to be used in external media, e.g. Local newspaper, School Facebook, Parents WhatsApp	
My child to take part in videos which will be filmed by the school for the website	
School photographs to be taken by an external company for our school records.  These photographs will be offered to parents for sale	

## 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	
Contact number/s	

Person 2	
Name	
Relationship to pupil	
Contact number/s	

## Communication

*I give my permission for the school to contact me via:*

*Phone	
*Email	
Text message	
Letter	

*\* Please provide contact details*

*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: .....