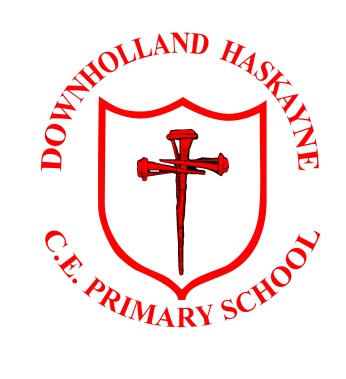
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**Downholland Haskayne C of E Primary School**

**Parental GDPR Consent Form**

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

|  |  |
| --- | --- |
| **Parent/carer** |  |
| Name |  |
| Relationship to pupil | **MOTHER** |
| Address |  |
| Phone |  |
| Mobile |  |
| Email |  |

**On-site / Off-site activities**

|  |  |  |
| --- | --- | --- |
| **Activity** | ***Y*** | ***N*** |
| Supervised visits to Haskayne Village Hall, St Thomas’ Church, St Cuthberts Church or Our Lady’s Church |  |  |
| Supervised Swimming off site (Park Pool, Ormskirk) |  |  |

**Medical consent**

|  |  |  |
| --- | --- | --- |
| **Treatment** | **Y** | **N** |
| My child to be given first aid by 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  *\*We will always contact parents first, however this is just in case we cannot obtain contact with a parent\** |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Photographs** | ***Y*** | ***N*** |
| Image (***not named***) to be used as part of school wall displays / class activities |  |  |
| Image (***not named***) to be used on the school website |  |  |
| Image (***not named***) on class Dojo |  |  |
| Image (not named) on school social media |  |  |
| 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: ....................