

# East Whitby Primary Academy

## Parental Consent Form

**Information (Date).....**

Pupil	
Name	
Year	
Class	

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.*

### **On-site activities**

*I give my permission for my child to:*

Use the internet in line with the school's acceptable usage policy	<input type="checkbox"/>
Take part in food preparation/cooking and tasting activities	<input type="checkbox"/>

*Please outline any food allergies/specific dietary requirements:*

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### **Off-site activities**

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

Supervised visits/sports events to local destinations (within 3 miles) away from the main school site	<input type="checkbox"/>
Supervised one-day non-residential visits within the UK  (These would still be subject to standard school letter/permission slips)	<input type="checkbox"/>
Supervised Swimming off site (Local Swimming Pool)	<input type="checkbox"/>

## 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	
Staff to administer the medicines as specified on signed medication forms	

*Please outline any medical conditions/allergies:*

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## 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	
Address	
Relationship to pupil	
Contact number	

Person 2	
Name	
Address	
Relationship to pupil	
Contact number	

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

*I give my permission for my child's:*

Image to be used as part of school wall displays/class activities	
Image (not named) to be used on the school website	
Image (not named) 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 photographs	
Image to be included in the School's annual formal individual photographs	
Image to be used in communication with international pen pals	
Named work to be displayed around the school on wall displays	

## **Communication**

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

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: .....