

Consent form for taking and using photos

Child's name:

Child's Date of Birth:

Date:

Dear Parents/Carers

At Monkton CEP School we take photographs and film pupils as part of our core activity of education. During your child's time at Monkton CEP School this occurs as part of normal teaching, learning, assessment and safeguarding procedures and as such we do not need your permission for these activities.

However, we do seek your permission to take photographs of your child and use them in the ways described below. Please consider carefully the ramification of not granting permission before you decide.

Please tick all the relevant boxes, sign each item below and return this form to school.

I give consent for my child's photo to be stored in SIMS (School Information Management System) as part of their individual data file.

YE	S	NO		Signed					
I give consent for m	ny child's ph	otograph to k	oe taken by tl	he school photographer,(Time Photography or other					
School Photographi	ic Company) for individu	ual, group, cla	ass and whole school photographs.					
YE	s	NO		Signed					
I give my consent for photos and videos of my child to be used on the school website and/or the school's									
learning platform (name will be omitted).									
YE	s	NO		Signed					
I give my consent for photos of my child with their name to be used in classroom, corridor and entrance									
displays. YE	s	NO		Signed					
I give my consent for photos and the name of my child to appear in local newspapers and magazines (school									
policy is not to name children in the press. Your permission will be sort separately for any named press									
photographs of child). Please note that some newspapers may require the child's full name and may store									
photographs for onl	ine use.								
YE	s 🗌	NO		Signed					

I give my consent for my child to be photographed and filmed by staff and fellow parents during school productions and events as long as it is made clear each time that these must only be used for personal viewing purposes and must not be published in any format including on-line.

YES NO Signed.....

I give my consent for my child's image to be used for identification purposes should	they have a specific								
educational, dietary or medical need which needs to be communicated to all staff for safeguarding									
purposes. (These photographs will be displayed in the medical room, staff room and school kitchen only).									
YES NO Signed									
I give my consent for my child's named image to be taken by the adult in charge on school trips or visits									
(The image would only be used in the event of an emergency and is shredded on return to school).									
YES NO Signed									
I give permission to participate in video conferencing. (Occasionally your child's class may talk to other									
children or an author for example, outside of the school under the supervision of their C	lass Teacher).								

YES		NO		Signed	
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Please note: this form is valid for the period of time your child is on roll at Monkton CEP School. Where the consent is given for a specific reason e.g. a trip, medical condition etc. once this need ends the image will be destroyed by shredding.

If you wish to make any changes, please email the school office at office@monkton.kent.sch.uk or call the school on 01843 821394, and we will supply you with a new form. If you have any questions, please contact the school office.

Why are we asking for your consent again?

We really value using photos your child to showcase what they do in school and demonstrate what school life is like to other stakeholders and the wider community, so we really appreciate you taking the time to give consent again.

Furthermore, it is hugely beneficial to be able to identify children with educational, dietary or medical needs to all staff, to safeguard and ensure their well-being.

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F A Webb (Mrs) Business Manager

Parent or carer's signature:

Date:

Relationship to named child: