



**Multi-purpose parental
consent form**

The Enquire Learning Trust
Believe, Persevere, Achieve

Multi-purpose parental consent form

Information

Pupil	
Name	
Ethnicity	
Year	
Class	

Parent/carer 1	
Name	
Relationship to pupil	
Ethnicity	
Date of Birth	
Address	
Phone	
Mobile	
Email	
National Insurance Number	
Consent	<p>Please confirm you are happy for your information to be used by the Trust/Academy to apply for Free School Meals and Nursery funding</p>

Parent/carer 2		
Name		
Relationship to pupil		
Ethnicity		
Date of Birth		
Address		
Phone		
Mobile		
Email		
National Insurance Number		
Consent	Please confirm you are happy for your information to be used by the Trust/Academy to apply for Free School Meals and Nursery funding	

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 son/daughter to:

Use the internet in line with the school's acceptable usage policy	
View films and video clips rated PG	
Attend the after-school clubs I have listed below 	
Take part in food preparation/cooking and tasting activities	

Please outline any food allergies/specific dietary requirements:

.....

.....

Off-site activities

I give my permission for my son/daughter to take part in:

Supervised visits to local destinations away from the main school site	
Supervised one-day non-residential visits within the UK	
Supervised off-site activities (for example, sporting fixtures and swimming lessons)	

Medical consent

I give my permission for:

My son/daughter to be given first aid by a trained member of staff during any on-site or off-site activity	
My son/daughter 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	
A member of school staff to sign on my behalf any medical consent forms, if my son/daughter should require emergency treatment and I cannot be contacted	
Plasters to be applied to my son/daughter	
My son/daughter to use anti-bacterial hand gel	
My son/daughter to be assisted in applying sunscreen if necessary	
Staff to administer the medicines I have listed below: 	

Please outline any medical conditions/allergies:

.....

.....

Emergency release

I give my consent for my son/daughter 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 son/daughter's:

Work to be used in school displays and on the school website and school social media sources	
Image to be used within school (for example, in wall-mounted displays)	
Image to be used in printed school publications (for example, the school prospectus)	
Image to be used on the school website, school social media sources, and in the local media	
Image to be used in communication with international pen pals	
Image to be taken by, or used in circulation to, other parents (for example, school events)	
Biometric data (for example, fingerprints) to be processed	

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:

Signed:

Date:

