



ST. VINCENT'S CATHOLIC PRIMARY SCHOOL

CONSENT FORM

| | | |
|------------------------------|--|-----------------------|
| Pupil Name: | | Date of birth: |
| Name of Parent/Carer: | | |
| Relationship to Child | | |

Please indicate whether you have given your consent in each case by ticking the box on the right right-hand side. Please sign and date the form on the last page and return to the school office

On-site activities - I give my permission for my child to:

| | |
|--|--|
| Use the internet in line with the school's Acceptable Use Policy | |
| View films and video clips rated U | |
| Take part in food preparation/cooking and tasting activities | |

Off-site activities - I give my permission for my child to take part in:

| | |
|---|--|
| Supervised visits to local destinations (for example library, market, parish church, local area) | |
| Supervised off-site activities (for example, sporting fixtures, swimming lessons) | |
| Supervised one day non-residential trips/educational visits (information / permission slip sent home prior to trip) | |

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 | |
| A senior member of school staff to sign on my behalf any medical consent forms, if my child should require emergency treatment and I cannot be contacted | |
| Plasters to be applied to my child | |

Please outline any medical conditions/allergies your child has: *

.....

****If necessary please see the school office to complete a Care Plan for your child.***

Emergency release – If I cannot be contacted in an emergency, I give permission for the persons below to be contacted We must have two emergency contacts (this can include extended family or friends):

| | |
|-------------------------------|-------------------------------|
| Person 1 Name: | Person 2 Name: |
| Relationship to child: | Relationship to child: |
| Contact Number(s): | Contact Number(s): |
| Email: | Email: |

Use of information and image

The school greatly values being able to use photos of pupils to celebrate the wonderful learning activities at St. Vincent’s Catholic Primary School

I give my permission for my child’s:

| | |
|---|--|
| Image to be used within school (for example, in wall-mounted displays, work books) | |
| Image (not named) to be used in school publications (for example, the newsletter) | |
| Image (not named) to be used on the school website (for example, photo of class assembly, music and drama performances, sporting events, fundraising events) | |
| Information (name and class) to be shared with the school appointed external photography company for individual /sibling photographs which I can purchase via the school | |
| Information (name and class) to be shared with the school appointed external photography company for class group or whole school photograph which can be purchased by other parents | |

Communication

St. Vincent’s Catholic Primacy School uses **ParentPay** for payments to the school and to contact parents/carers by email and text. This term we will be trialling using Parent Evening to book Parent Evening slots

I give my permission for the school to use Parent Pay to:

| | |
|--|--|
| Email me school newsletters and general letters from the school | |
| Email/text about forthcoming school events and fundraising activities | |
| Email/text me information related to my child (for example, parent teacher consultations, school | |

Refreshing your consent

This form is valid for the period of time your child attends this school.

Consent will be refreshed where any changes to circumstances occur – this can include, but is not limited to, the following:

- New requirements for consent, e.g. an additional social media account will be used to share pupil images / videos
- Changes to a pupil’s circumstances, e.g. safeguarding requirements mean a pupil’s image cannot be used
- Changes to parental consent, e.g. amending the provisions for which consent has been provided for

Where you would like to amend the provisions for which consent has been provided, you must submit your request in writing to the School Administrators. A new form will be supplied to you to amend your consent accordingly and provide a signature.

Withdrawing your consent

Parents/carers have the right to withdraw their consent at any time. Withdrawing your consent will not affect any images or videos that have been shared prior to withdrawal.

If you would like to withdraw your consent, you must submit your request in writing to the School Administrators.

Declaration

I, _____ (name of parent), understand:

- Why my consent is required.
- The reasons why the school uses images and videos of my child.
- The conditions under which the school uses images and videos of my child.
- That I have provided my consent above as appropriate, and that the school will use images and videos of my child in line with my requirements.
- I will be required to re-provide consent where any circumstances change.
- I can amend or withdraw my consent at any time and must do so in writing to the School Business Manager.

Please sign and date the form before returning it to the school office

Signed:

Date: