**Parental Consent Form**

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| **Name of Child:** |  | **Date of Birth:** |  |

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| **EDUCATIONAL VISITS**  |
| This consent willlast for the time that your child is with us at this school, but it is good practice for us to confirm your consent for residenti al or adventurous visits again at the time we run such activities because we may require further information relevant to that single trip e.g. phobias, swimming ability, sleepwalking etc. When you are informed that this kind of visit will take place, you will be asked for further information and offered an opportunity to withdraw this consent. You should also complete and return any slip provided at that time.I consent to my child taking part in school trips and other activities that take place off-site **and** to them being given urgent medical/dental treatment or necessary pain relief during any trip or activity. I understand that:* **All** trips and activities are covered by this consent and will include;
	+ all visits (including residential trips) which take place during the holidays or a weekend,
	+ adventure activities at any time *and*
	+ off-site sporting fixtures outside the normal school day,
* School will provide me with information about each trip or activity before it takes place.
* I can inform school that I **do not** want my child to take part in a particular trip/activity and I should do so in writing.
* I **must** ensure that I and my child understand and agree to abide by any trip Code-of-Conduct.
* I **must** keep school informed if any medical information I have provided becomes out-of-date or where religious beliefs may impact on any medical treatment my child may receive.
* I **must** keep school informed if any emergency contact information I have provided becomes out-of-date or does not apply to a particular trip and I must provide alternatives as necessary.

All school activities are appropriately insured. I also understand the extent and limitations of this insurance (details available on request). |
| **Medical Information:** Details of any medical conditions including allergies and travel sickness that my child suffers from and any medicines with dosage etc. that they should take during off-site activities including those outside school hours or overnight – attach additional sheet if necessary. |

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| **Communication: initial under YES or NO**I **am** able to use the school website to keep up to date with information about school and in particular, activities, visits and fixtures. | **YES** | **NO** |
| **EMERGENCIES** | **Emergency Contact 1** | **Emergency Contact 2** |
| **Name:** |  |  |
| **Relationship:** |  |  |
| **Telephone** **Number(s):** | **Work:** |  | **Work:**  |  |
| **Home:** |  | **Home:**  |  |
| **Mobile:**  |  | **Mobile:**  |  |

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| USE OF YOUR CHILD'S IMAGE – initial where you do consent and leave blank where you do not consent | Initials |
| I consent to images of my child being used for official school purposes of promoting or publicising the school and events in accordance with the school policy.  |  |
| I consent to images of my child being used on the school website, on websites of those organisations permitted to use images by the school and school managed Social Network sites and I understand that these images will be available on the World Wide Web. |  |
| I agree that any images I might take at school events will not be used inappropriately or shared publicly without suitable consent from all others involved. NB: If you do not agree to this Governors reserve the right to take steps to prevent you from taking your own images or using/sharing any images that others have taken at school events.  |  |

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| THE GIVING OF NECESSARY PAIN RELIEF MEDICINE ONLY (Paracetamol) |
| We will not give your child any medicine, including necessary pain relief, unless it is in line with our Supporting Pupils with Medical Conditions Policy (available on request) and you give your express consent here.I consent to my child receiving necessary pain relief medicine (Paracetamol) in line with the school policy and as per my instructions or those of a medical practitioner. I understand that if my child will require the regular administration of medicine at school, even for a limited time, I must complete another form with full details e.g. what. when, dose etc. |

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| CONSENT SUNTAN CREAM |
| I give my consent for the staff to assist with the application of sun cream to my child as and when necessary which has been provided by parent/carer. Signed ……………………………................................…. Parent/Guardian Date …………………… |

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| CONSENT: TOILETING AND NAPPY CHANGING (Children requiring assistance) |
| I give\*/ do not give\* my consent to the staff assisting my child at the toilet and changing his/her clothes,, nappy or pull-up should this become necessary for hygiene or comfort reasons. Signed: ………………………………......…………............Parent/Guardian Date: ………....…………. |

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| **CONSENT: AN ADULT DRIVING MY CHILD TO AN EVENT** |
| I give consent for my child to be driven to events by a member of staff / parent in their private car. (Insurance, MOT, Tax are checked in advance)Signed ……………………………………………………… Parent / Guardian Date ………………………………… |

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| Signed: |  | Date: |  |
| Print Name: |  | **Relationship to child:** |  |