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| Name of School | St. Peter’s C of E Academy |
| Name of Child |       |
| Year Group |       |
| Parent/Carer Name/s |       |

***MISCELLANEOUS CONSENT***

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| **Please indicate Yes or No** | **Yes** | **No** |
| I consent to my child to be taken out of the school grounds for Educational visits within the village (to include visits to Churches and Butts Field) | [ ]  | [ ]  |
| I give permission for my child to view films and video clips rated PG | [ ]  | [ ]  |
| I give permission for my child to eat food which is a product of cooking or food tasting sessions | [ ]  | [ ]  |
| *Please give details of any food allergies, dietary needs or religious observance which mean certain food must be avoided* |
|       |
| I understand that my child should not wear jewellery during PE sessions for Health & Safety reasons and I will ensure that my child comes to school with the correct PE kit | [ ]  | [ ]  |
| I give permission for my child to use the Internet and email in school under supervision | [ ]  | [ ]  |
| My child is authorised to walk home unaccompanied (Years 5 & 6 only) | [ ]  | [ ]  |

***GENERAL MEDICAL CONSENT***

**In the event that we are unable to contact you immediately or the situation dictates it**

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| **Please indicate Yes or No** | **Yes** | **No** |
| I give permission for **emergency medical advice and treatment** to be sought | **[ ]**  | **[ ]**  |
| I give permission for my child to be given **first by aid by a trained member of staff** during any on-site or off-site activity | **[ ]**  | **[ ]**  |
| I give permission for **staff to take my child to the nearest Accident and Emergency** unit to be examined, treated and admitted as necessary | **[ ]**  | **[ ]**  |
| I agree to my child receiving medication as instructed and any **emergency dental, medical or surgical treatment, including** **anaesthetic and blood transfusions as considered necessary by the medical authorities** present | **[ ]**  | **[ ]**  |
| I give permission for a 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** | **[ ]**  | **[ ]**  |
| I give permission for **plasters and dressings** to be applied to my child in the event of an injury | **[ ]**  | **[ ]**  |

***PHOTOGRAPH CONSENT***

We will always contact parents/carers individually if we ever want to use your child’s photo and name together for anything not published by St. Peter’s Academy or Aspire, e.g. press events or newspaper articles

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| **Please indicate Yes or No** | **Yes** | **No** |
| **ST. PETER’S C OF E ACADEMY** |
| I give my consent for photos or videos of my child to be used on the school website | **[ ]**  | **[ ]**  |
| I give my consent for photos of my child to be used on internal school display boards – in classrooms, halls, cloakrooms, school entrance etc. | **[ ]**  | **[ ]**  |
| I give my consent for my child to have their INDIVIDUAL official school photograph taken by a company approved by the school | **[ ]**  | **[ ]**  |
| I give my consent for my child to be on the CLASS / YEAR GROUP official school photograph taken by a company approved by the school | **[ ]**  | **[ ]**  |
| I give my consent for photos of my child to be used in St. Peter’s school literature – newsletters, school prospectus, and school promotional material (which may be displayed externally) | **[ ]**  | **[ ]**  |
| I give my consent for my child’s name to appear with their photos in St. Peter’s school literature – newsletters, school prospectus, and school promotional material | **[ ]**  | **[ ]**  |
| I give my consent for photos of my child to be used on the school X account | **[ ]**  | **[ ]**  |
| I give my consent for my child’s first name (and initial of surname if there is more than one child with the same name) to go on a class list and be given out to parents if they ask for a list of names for Christmas cards, birthday invitations etc. | **[ ]**  | **[ ]**  |
| All year groups on occasions take pair / group photographs to stick in exercise books to show evidence of learning. These books are usually sent home at the end of the school year. I give my consent for my child’s photo to be in other children’s books | **[ ]**  | **[ ]**  |
| **ASPIRE** |
| I give my consent for photos or videos of my child to be used on the Aspire website | **[ ]**  | **[ ]**  |
| I give my consent for photos of my child to be used in Aspire literature – newsletters, school prospectus, and school promotional material | **[ ]**  | **[ ]**  |
| By signing below, you are also agreeing to not post photos or videos taken on school premises on social networking sites with anyone other than your child (not even with other children in the background). This is to protect all children in our school; we have a duty to keep everyone safe and posting on social media may jeopardise children’s safety. |

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| Please sign below confirming that you understand the information above and have indicated your choices. |
| SIGNED (PARENT/GUARDIAN) |       |
| DATE |       |

Please notify the office of any changes to these arrangements

**Privacy notice for Parents/Carers:** [**https://www.eastbridgfordstpeters.co.uk/policies-strategies/**](https://www.eastbridgfordstpeters.co.uk/policies-strategies/)

**ASPIRE Data Protection Policy:** [**https://www.eastbridgfordstpeters.co.uk/special/trust-policies/**](https://www.eastbridgfordstpeters.co.uk/special/trust-policies/)