

# PARENTAL CONSENT FORM

Please complete in block capitals

Surname of Child	
Legal Name if Different	
First Name	
Middle Names	
Date of Birth	
Nursery attended (if applicable)	

<b>Please tick the appropriate box. Do you give the school permission to:</b>	<b>YES</b>	<b>NO</b>
Administer First Aid to your child in an emergency?		
To take your child on approved Educational Visits and locally based activities? e.g. Walk to the Shops *		
Include your child in photographs used on the School Website, and in the School Prospectus, newsletters displays and other printed publications? *		
Include your child in video/audio recordings for school activities and relevant publicity?		
Include your child in images used for marketing material by press, media and associated partners i.e. to use in training of staff, partner publicity or web based promotions?		
Allow you child to use the internet for educational purposes? *		
Exchange data regarding your child? *		
Utilise your child's work in photographs for school publicity e.g. the school website and at school events? *		
Contact your GP in an emergency? (Please give details below)		
GP Name & Address:		
Tel No.:		

\* Please refer to the School website section 'Parents/Parental Consent' for further information

Parents are encouraged to contact school to discuss any issues regarding your child's education and their development. We would like to remind parents that use of social media and publication of detrimental information regarding the school in the public arena will be investigated.

Signature ..... Date .....

**NB: This form is valid for the period of time your child attends this school. Your consent will automatically expire after this time**