

# ANNUAL PARENTAL CONSENT FORM 2019-20



Dear Parent/Carer

During the school year, the school take photographs of children, take them on school trips and other off-site activities. Parental consent is required for these activities and for sharing medical information if required.

If you could please review the following information and tick the relevant box(es) below, sign and return this form to school.

***If you change your mind at any time, you can let us know by emailing [enquiries@thewings.org.uk](mailto:enquiries@thewings.org.uk), calling the school or just popping into the school office.***

If you have any questions, please get in touch.

Child's name:.....

<b>USE OF PHOTOGRAPHS</b> <i>I give my permission for:</i>	<b>TICK</b> (✓)
The school to take and publish photographs and/or images of my child for the purpose of promoting or publicising school activities and events	
Photos of my child to be used on the school website/social media, for example 'My School App'; Twitter; Press; media	
The school to take videos of my child	
I do <b>NOT</b> give permission for my child to have photos/videos taken by school	

<b>SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES</b> <i>I give my permission for my child to take part in:</i>	<b>TICK</b> (✓)
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)	
All visits (including residential trips) which take place during the holidays or a weekend	

*The school will send you information about each trip or activity before it takes place*

<b>INTERNET</b> <i>I give my permission for my child to:</i>	<b>TICK</b> (✓)
Use the internet under the supervision of the school and in line with the School's Internet Policy.	

<b>PARENTAL CONTACT NUMBERS</b>	<b>TICK</b> (✓)
I agree that any parental contact numbers or emergency consent numbers I have provided on the Data Collection sheet, can be used to telephone me or text me via the schools communication system, with information about my child or relevant school information	

<b>MEDICAL CONSENT</b> <i>I give my permission for:</i>	<b>TICK</b> <b>(✓)</b>
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 anesthetics, 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	
My child 's information to be shared with the Local Authority and other relevant agencies and professionals	
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>Outline any medical condition/allergy suffered by my child and any medication that would need to be taken during offsite visits</i>	

<b>PG CERTIFIED FILMS CONSENT</b> <i>I give permission for:</i>	<b>TICK</b> <b>(✓)</b>
My Child to watch suitable PG Films during either class treats or related to the curriculum plans.	

*As a parent or carer, I understand that I am not permitted to take photographs or make video recordings for anything other than my own personal use and will not distribute or post images online (this includes social networking sites such as Facebook and video sharing sites such as You Tube)*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_