

## Bartons Primary School Multipurpose Consent Form



The safeguarding of our pupils is of paramount importance to us. During their time at Bartons your child will be involved in certain aspects of school life for which we need your consent. The information that you provide will be used throughout your child's time at our school. You may withdraw your consent, to any of the sections, at any time, by contacting the school on 01243 822056 or office@bartonsprimary.school

| the school on                        | 01243 822056 or office@bartonsprimary.school              |              |     |    |
|--------------------------------------|---|--------------|-----|----|
| Pupil Details:                       |   |              |     |    |
| Name                                 | De  | ate of Birth |     |    |
| Parent/carer Deta                    | ails:   |              |     |    |
| Name                                 |   |              |     |    |
| Relationship to pupil                |   |              |     |    |
| Address                              |   |              |     |    |
| Phone                                |   |              |     |    |
| Mobile                               |   |              |     |    |
| Email                                |   |              |     |    |
|                                      |   |              |     |    |
| On-site activities I give my permiss | ion for my child to:                                      |              | YES | NO |
| Use the internet in                  | n line with the school's acceptable usage policy          |              |     |    |
| View films and vide                  | eo clips rated PG   |              |     |    |
| Take part in food                    | preparation/cooking and tasting activities                |              |     |    |
| Please outline any                   | food allergies/specific dietary requirements:             |              |     |    |
|                                      |   |              |     |    |
| Off-site activitie                   | s   |              | YES | NO |
| I give my permiss                    | ion for my child to take part in:                         |              |     |    |
| Local supervised w                   | alks/visits away from the main school site                |              |     |    |
| Supervised one-da                    | y trips linked to the curriculum                          |              |     |    |
| Supervised off-sit                   | e activities (for example, sporting fixtures and swimming | lessons)     |     |    |

| Medical consent I give my permiss | ion for:   |           |       |
|-----------------------------------|--|-----------|-------|
| My child to be give activity      | n first aid by a trained member of staff during any on-site or off-site  |           |       |
| •                                 | e urgent dental, medical or surgical treatment, including anaesthetics, as may essary by the medical authorities present, during any on-site or off-site   |           |       |
| My child's informati              | tion to be shared with the NHS and other relevant health professionals   |           |       |
|                                   | ol staff to sign on my behalf any medical consent forms, if my child should treatment and I cannot be contacted  |           |       |
| Plasters to be appl               | ied to my child  |           |       |
| Please outline any                | medical conditions/allergies of your child:  |           |       |
|                                   |  |           |       |
| make them aware d                 | any individuals whose details you put down here are aware you have done so. Ac<br>of our privacy notice for personal data (contact the school office if you cannot<br>for my child to be released to the following person(s) in the event of eme | find a co | ору). |
| Person 1                          |  |           |       |
| Name                              |  |           |       |
| Address                           |  |           |       |
| Relationship to pupil             |  |           |       |
| Contact number                    |  |           |       |
| Person 2                          |  |           |       |
| Name                              |  |           |       |
| Address                           |  |           |       |
| Relationship to pupil             |  |           |       |

Contact number

| Use of Information and Images including photographs and video recording                            |  | NO |
|--|--|----|
| I am happy for the school to take photos of my child   |  |    |
| I am happy for photos of my child to be used on the school website (names of children will never   |  |    |
| by published   |  |    |
| I am happy for photos of my child to be used in the school newsletter                              |  |    |
| I am happy for photos of my child to be used in internal displays                                  |  |    |
| I am happy for photos of my child to be used in the media e.g. local newspapers                    |  |    |
| I am happy for the school to provide first name and age of my child in the local media             |  |    |
| I am happy for my child to be interviewed for radio and / or television if the school considers it |  |    |
| appropriate  |  |    |
| I am happy for photos of my child to be posted onto the school's twitter account (names of         |  |    |
| children will never be published)  |  |    |
| I am happy for photos to be taken by, or used in circulation to, other parents e.g. school         |  |    |
| productions, events on the understanding that the image will not be posted onto any social         |  |    |
| media site   |  |    |
| I am happy for the school to take videos of my child as part of learning                           |  |    |
| I am happy for the school to use videos of my child for promotional purposes such as on the        |  |    |
| school website   |  |    |

| Communication  I give my permission for the school to contact me on via: |  | NO |
|--|--|----|
| Email  |  |    |
| Text message   |  |    |

Parents and carers are, understandably keen to record their children's special moments in school such as appearances in school productions, sports days etc. Our 'Press and Publicity / Use of Camera and Recording Equipment' states that photos and video recording may be used provided that

- 1. It does not intrude on or spoil others enjoyment of the event
- 2. Photographs and / or video footage will only be used for personal use and not sold or used for any other purpose
- 3. Images and / or video footage will only be used on the understanding that the images will not be posted onto any social media website under any circumstances

Please be aware that there may be occasions when a child or adult who has not provided relevant consent may appear in the background of a photograph. Special care is required in these circumstances.

| As parent / carer I confirm that the information that I have provided is correct at the time of signing and if I  |  |  |
|---|--|--|
| vish to make any changes I am at liberty to contact the school and request the changes be made. I understand that I am not permitted to take photographs or make video recordings for anything other than my own personal |  |  |
| se and I will not distribute or post images on line (this includes social networking sites such as Facebook, You  |  |  |
| Tube, Twitter etc   |  |  |
| Signature of Parent / Carer   |  |  |
| Name of Parent / Carer (please print)   |  |  |
|   |  |  |