



Pupil Consent Form

Dear Parent/Carer,

CHILD'S NAME:.....

CLASS:.....

There are a number of activities which happen in school and for which we seek parent/carer permission. To ensure that we hold the correct information for your child, could you please read and sign, whether you agree/disagree with the **six** following statements (**please tick the appropriate box**).

1. Local Outings

From time to time, we take children out of school on local visits (e.g. to the swimming baths, the Park or around the vicinity of the school). Please indicate whether you give permission for your child to go on any local outings, which may arise.

I **DO** give permission for my child to go on local outings

I **DO NOT** give permission for my child to go on local outings

2. Photographs in School

We like to keep a photographic record of what goes on in school and on the visits the children make (in portfolios, displays, pupil database etc.). Most parents/carers are happy for their child to be photographed in this way.

I **DO** wish my child to be photographed in school

I **DO NOT** wish my child to be photographed in school

3. School Website

We like to share our children's achievements, events, news and other important information on our new school website. Please indicate whether you give permission for us to use your child's image and first name on our website.

I **DO** wish my child to appear on the school website

I **DO NOT** wish my child to appear on the school website

4. Plasters (hypoallergenic)

Staff - throughout the school day, breakfast club, dinnertime, after school clubs and trips - monitor children for any first aid required. If your child needed a plaster, please indicate whether you give permission for us to use a hypoallergenic plaster on your child.

I **DO** give permission for my child to have a plaster applied

I **DO NOT** wish my child to have a plaster applied

5. DVD Recordings

During the year there will be occasions when we film DVD recordings of the children in school, performing their Christmas productions, school plays and other activities. The DVDs are then generally sold to parents and carers as a keepsake. Most parents/carers are happy for their child to participate in this way.

I **DO** wish my child to be recorded on DVD

I **DO NOT** wish my child to be recorded on DVD

6. School Nurses

We often receive requests from school nurses asking us to provide names and addresses of parents so that they can contact you to see if you want your child to participate in the **National Child Measurement Programme (NCMP) or for Vaccinations and Hearing tests.**

I **DO** consent to the school giving school nurses my name and address

I **DO NOT** consent to the school giving my name to school nurses

✂.....

Consent Return Form

Please complete and return this consent form to the main school office.

You have the right to withdrawn consent at any time; you can do this by ringing the school office on 0191 5634243 or by emailing your request to ehpa@balmorallearningtrust.co.uk

Consent remains valid for the time your child is in school unless it is withdrawn.

Withdrawal of consent only applies from the date it is withdrawn.

Please acknowledge you have ticked all seven sections and you give us the consent to make changes as instructed:

Signed:

Parent/Carer (please print name):

Date: