



POOL HAYES PRIMARY SCHOOL Permission and Consent Form

Pupil name:	
Year/class:	
Parent/Carer name:	

Schools must be able to demonstrate a lawful reason for processing personal data. Where processing is not legally essential consent may be sought. The school require your permission and consent for a variety of different purposes. We set these out below in more detail. This form will be provided on an annual basis to ensure information remains up to date.

Providing your consent

Please read the following sections and options thoroughly and provide your consent or not by ticking either 'Yes' or 'No'. Please complete the page declarations found at the foot of each page of this document.

On-site activities

I give my permission for my child to:	Yes	No
Use the internet and e-mail in line with the school's acceptable use policy	<input type="checkbox"/>	<input type="checkbox"/>
Take part in food preparation / cooking and tasting activities	<input type="checkbox"/>	<input type="checkbox"/>

Please outline any food allergies / specific dietary requirements

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Off-site activities

I give permission for my child to take part in:	Yes	No
Supervised visits / sports events to local destinations in the local environment and community) away from the main school site	<input type="checkbox"/>	<input type="checkbox"/>
Supervised non-residential visits within the UK	<input type="checkbox"/>	<input type="checkbox"/>
Supervised residential visits within the UK	<input type="checkbox"/>	<input type="checkbox"/>
Supervised residential visits outside the UK	<input type="checkbox"/>	<input type="checkbox"/>
Supervised swimming / sports events off-site	<input type="checkbox"/>	<input type="checkbox"/>

Further informed consent will be provided prior to any visit and a standard school letter / permission slip will still be issued prior to any visit / activity.

PAGE DECLARATION

(Parent/Carer)

Signature:

Print Name:

Date:

Medical consent

I give my permission for:	Yes	No
My child to be given first aid by a trained member of staff during on-site or off-site activity		
My child to receive urgent medical treatment as may be considered necessary by the medical authorities present during any on-site or off-site activity		
Staff to attend to the care needs of my child as specified on intimate care agreement forms		
Staff to administer medicine for my child as specified on medical agreement forms		

Please outline any medical conditions / allergies

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Emergency release

I give my consent for my child to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted:	Yes	No
Person 1 Name..... Address..... Relationship to child..... Contact number.....		
Person 2 Name..... Address..... Relationship to child..... Contact number.....		

Use of information and image (including photographs and video recordings)

I give my permission for my child's:	Yes	No
Image to be used as part of the school's wall displays / class activities (these may also include forenames only)		
Image (not named) on the school's website		
Image (not named) to be used on the school's social media sites / applications e.g. Facebook, Twitter, Instagram, Class Dojo		
Image (not named) in the school newsletter		
Image (not named) in external media e.g. newspaper and TV programme		
Image to be used for promotional purposes, such as, school prospectus / brochure		

PAGE DECLARATION

(Parent/Carer)

Signature:

Print Name:

Date:



To take part in school photography sessions in addition to the mandatory school identification photo and for these images to be made available for resale.		
Image to be used in communication with international pen pals		
Voice to be recorded e.g. during drama lessons		

Where the school wishes to publish names with images specific permission will be sought.

Marketing material

I consent to:	Yes	No
Receive marketing materials and fundraising requests from the school		
Receive marketing materials and fundraising requests from the parent teacher association (PTA)		
Receiving marketing material via email or text/direct messaging		
Receiving marketing material in printed form		

School to Home Communications

I give my permission for the school to contact me via:	Yes	No
Phone		
Email		
Text message (via the school third party text messaging service)		
Class Dojo message		

Amending or updating your choices

You can amend or update you consent preferences at any time by submitting your request in writing to postbox@pool-hayes-p.walsall.sch.uk

A new form will be supplied to you to amend your consent accordingly and provide a signature.

If a change in purpose or reason or way of processing changes the school will request new consent.

Withdrawing your consent

You have the right to withdraw your consent at any time. If you would like to withdraw your consent, you must submit your request in writing to postbox@pool-hayes-p.walsall.sch.uk

If you have any questions regarding this form please contact Mrs Vaughan on 01902 368144.

Please return this form to the school office.

PAGE DECLARATION

(Parent/Carer)

Signature:

Print Name:

Date:
