

**St Barnabas' CE Primary School and Nursery  
Parental Consent Form**



<b>Pupil</b>	
<b>Name</b>	
<b>Year</b>	
<b>Class</b>	

<b>Parent/carer</b>	
<b>Name</b>	
<b>Relationship to pupil</b>	

**Please indicate whether you have given your consent in each case by ticking the boxes on the right-hand side; and sign and date the form on the last page:**

**On-site activities (School site and St Barnabas Church)**

<i>I give my permission for my child to take part in:</i>	<b>Yes</b>	<b>No</b>
Birthday celebrations in school, including whole school assembly, where the child's birthday is announced e.g. singing 'happy birthday'		
Activities where the child's birthday is displayed in class e.g. birthday display		

**Off-site activities**

<i>I give my permission for my child to take part in:</i>	<b>Yes</b>	<b>No</b>
Supervised visits/sports events to local destinations (within 3 miles) away from the main school site. Travel will be by public transport, private hire vehicle or on foot.		
Supervised one-day non-residential visits within the UK (These would still be subject to standard school letter/permission slips)		
Supervised swimming off site (Queen Mother Sports Centre Swimming Pool)		

**We will always notify you prior to any visit/trip training place outside of school**

## Medical consent

<i>I give my permission for:</i>	Yes	No
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 anaesthetics, 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, including the school nurse		
My child's image and medical information in relation to allergies to be displayed in school		
Plasters to be applied to my child		
Staff to administer medicines in line with our Medicines Policy (Separate consent needed to administer prescription medication)		

**Please detail any medical conditions/allergies on the pupil registration form. Please update the school office with any changes to your child's medical needs.**

<i>I give my permission for my child's:</i>	Yes	No
Image to be used as part of school wall displays/class activities/ whole school activities and assemblies		
Named work to be displayed on school wall displays/class activities and in whole school assemblies		
Image to be used on the school website and in the school newsletter		
Image to be included in the school's formal class/whole school photographs		
Image to be included in the school's annual formal individual photographs		
Image to be used in external media, e.g. local or national press release		
Image to be used in communication with international pen pals by email or letter		

Image (not named) to be used on school promotional materials and school managed social media e.g. Twitter		
For Nursery/Reception parents: For my email address to be used to set up my child's Tapestry account (online learning profiles) and for my child's image to be used on Tapestry. I will not share any images/videos from this platform with anyone else.		

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

**Communication**

<i>I give my permission for the school to contact me via:</i>	<b>Yes</b>	<b>No</b>
Phone		
Email		
Text message		

*The information in this form will be used throughout your child's time at school. You may withdraw your consent at any time by contacting the school.*

*Please sign and date the form before returning it to the School Office.*

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

Name of Parent/Carer: \_\_\_\_\_