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**Parent/Carer Consent Form**

**Consents**

The consents you give will last for the duration of your child’s time at our school.  However, if you wish to change any of the authorisations during this time, please use the appropriate form available on the school website, or by emailing [office@brs.srscmat.co.uk](mailto:office@brs.srscmat.co.uk).

1. **Pupil Details**

|  |  |
| --- | --- |
| **Pupil Name** |  |
| **Date of Birth** |  |
| **Form** |  |

1. **Medical and Emergency Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctors’ Practice** |  | | |
| **Doctor’s Name** |  | | |
| **Telephone Number** |  | | |
| ***Please tick the appropriate box*** | | **Yes** | **No** |
| I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present. | |  |  |
| Does your child suffer from any health problems? If so, please give details.  *(Please indicate any special treatment)* | |  |  |
| Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food? | |  |  |
| Does your child suffer from any food allergies/intolerances? If so, please give details.  *(Please indicate any special treatment)* | |  |  |
| ***Please tick the appropriate box*** | | **Yes** | **No** |
| Has your child been immunised against the following diseases? | | | |
| Tetanus. If YES, please give details if known: | |  |  |
| Poliomyelitis. | |  |  |
| Is your child taking any form of medication on a regular basis? If YES, please give full details, indicating the type of medication and dosage. | |  |  |
| Permission to contact Doctor. | |  |  |
| Do you give consent for us to contact other professionals who are involved with your child? | |  |  |
| Names and contact numbers of any professionals involved with your child, e.g. health visitors, speech therapists. If you provide these details we will contact them, letting you know of any approach we make. | | | |
| Please give details of any other problems/concerns of which the school should be aware to enable us to support your child. If you provide these details we will contact them, letting you know of any approach we make. | | | |
| Please give details of any special requirements/medical conditions of parents/carers regarding access to the building or accessing information. | | | |

1. **Photographs, Video and Media**

|  |  |  |
| --- | --- | --- |
| *Please tick the appropriate box* | **Yes** | **No** |
| May we use your child’s photograph in printed publications that we produce for promotional purposes such as a prospectus? |  |  |
| I give consent for my child’s image to be used on the school website and school social media. |  |  |
| I give consent for my child and their details to appear in the media, e.g. in the local press, radio or TV). |  |  |
| I give consent for my child to be included in any school or class yearbook and other mementos on leaving the school (if applicable). |  |  |
| *Please tick the appropriate box* | **Yes** | **No** |
| Do you consent for your child’s name to be released for publication such that they may be identified as an individual or as part of a small group, e.g. raising money for charity that is recognised in the local media? |  |  |
| I give consent for my child to be photographed for school group photos, that may be sent out and then bought by other families who have children in the photo. |  |  |
| I give consent for a professional photographer to take photographs and release to my family for sale. The photographer would have possession of the photos on their equipment, not school equipment. |  |  |
| Are there any reasons why your child cannot participate in events and performances that may be recorded or photographed and shared with the school community? If Yes, please contact school to explain your concerns. |  |  |

**FOR TRIPS WITHIN THE UK**

1. **Insurance Cover**

|  |  |  |
| --- | --- | --- |
| *Please tick the appropriate box* | Yes | No |
| I understand that school visits are insured and this includes cover for Personal Legal Liability and Personal Accident benefits, details of which will be provided by the school upon request. Any additional insurance required beyond this provision is my responsibility. |  |  |

1. **Declaration by Parent/Carer**

|  |  |  |
| --- | --- | --- |
| *Please tick the appropriate box* | Yes | No |
| I have read the attached information provided about the proposed educational visits/trips and insurance arrangements. |  |  |
| I consent to my child taking part in visits and trips and declare my child to be in good health and physically able to participate in all the activities. |  |  |
| I will note where and when the pupils are to be returned on the trip/visits and I understand that I am responsible for my child getting home safely from that place. |  |  |
| I will inform the school office of any relevant changes in the emergency contact details for my child. |  |  |
| I note my child’s data will be used on approved school IT systems *(an approved IT systems list can be provided, if required)*. |  |  |
| I am aware of the levels of insurance cover. |  |  |
| I will ensure that any change in circumstances (e.g. recent medication or injury) which will affect my child’s participation in any visits/trips will be notified to the school prior to the visit. |  |  |
| I am aware that the decision to allow a child to attend any educational trip or visit is at the discretion of the school. |  |  |
| I note my child will be given first aid or urgent medical treatment during any such activity which is considered necessary during the visit/activity. I understand that should medical treatment be necessary every reasonable effort will be made to obtain my consent. However, in an emergency, I authorise the party leaders to consent on my behalf to any medical treatment which a medical professional feels is necessary. |  |  |
| I agree for my child to be transported where necessary by public transport or in the private vehicle of staff/volunteers supervising the visit (with the correct insurance in place). |  |  |

1. **FOR TRIPS OUTSIDE THE UK**

Whilst pupils are outside the UK, school staff and those supervising, travelling or arranging travel or accommodation, may communicate with parents and carers using the contact information provided. At times this may be using mobile communications, social media or other methods that may require data to be stored or travel outside of the approved EU locations. We believe that keeping parents and carers informed about the wellbeing of their children must be the priority. Data sharing in such cases will be limited to what is necessary.

|  |  |  |
| --- | --- | --- |
| *Please tick the appropriate box* | Yes | No |
| I agree to my child taking part in visits/trips and agree to their participation in the activities involved. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the decision to allow pupils to attend is always at the discretion of the school. Please confirm the above statement by ticking the appropriate box. |  |  |
| I give consent for school to take photographs of my child whilst on school trips. |  |  |
| I give consent for school to take video and media footage of my child whilst on school trips. |  |  |

1. **School Work & Celebrating Successes**

|  |  |  |
| --- | --- | --- |
| *Please tick the appropriate box* | Yes | No |
| I give consent for school to share details of my child’s sporting activities for fixtures and achievements in school and in publications |  |  |

1. **Internet Use**

As part of the school’s IT provision we offer pupils access to the internet and email facilities. Our internet service provides a high level of protection and we audit pupil use. Pupils are required to give written agreement to be bound by the terms.

|  |  |  |
| --- | --- | --- |
| *Please tick the appropriate box* | Yes | No |
| As the parent or carer, I give permission for my child to use electronic mail and the internet. I understand that pupils are held accountable for their own actions. |  |  |

1. **School News Updates (please note that we cannot accept incoming text messages)**

|  |  |  |
| --- | --- | --- |
| *Please tick the appropriate box* | Yes | No |
| I wish to be kept informed about school news and events and receive the newsletter and similar notifications. |  |  |
| I consent to the school contacting me by text message for the purpose of school information and reminders. I will ensure that I keep the school informed of my  up-to-date mobile number at all times, or if the number is no longer in my possession. |  |  |

1. **Biometrics**

|  |  |  |
| --- | --- | --- |
| *Please tick the appropriate box* | Yes | No |
| I give consent to information from the finger scan of my child (named above) being taken and used as part of an automated biometric recognition system for access to cashless dining facilities, library and in school ICT services. I understand that I can withdraw this consent at any time in writing. |  |  |

1. **Third Parties at School**

|  |  |  |
| --- | --- | --- |
| ***Please tick the appropriate box*** | **Yes** | **No** |
| I give consent for school to share details with organisers of end of school events, such as discos and concerts. This is to enable children to be checked in and out of the event securely. |  |  |
| I give consent to the school to share basic details with third party providers, such as before and after school clubs, music and sport providers who may be engaged directly by me. |  |  |
| I give consent to the school that they can share information about my child with organisations such as the Duke of Edinburgh scheme |  |  |

1. **School Dogs**

|  |  |  |
| --- | --- | --- |
| *Please tick the appropriate box* | Yes | No |
| I give permission for my child to have interaction with the school therapy dogs. |  |  |

|  |  |
| --- | --- |
| **Name of Parent/Carer** |  |
| **Signature of Parent/Carer** |  |
| **Date** |  |

**However, if you do not agree to any of the declarations above, please provide details below:**

|  |
| --- |
|  |

You reserve the right to withdraw consent to information provided within this Parental Consent Form.

If you wish, at any time, to withdraw consent on any of the optional items within this form, please contact us via [office@brs.srscmat.co.uk](mailto:office@brs.srscmat.co.uk) detailing your request

Your request will be handled and actioned within 28 days of your request (term time).