

Morland Area C. of E. Primary School & Mini Morlanders' Pre-School



Parental Consent

Dear Parents/Carers,

This written parental consent will last for all activities for the duration your child attends this school unless family circumstances which may affect parental responsibility change. **You may withdraw any of these consents at any time.**

Educational Visits

Please read the declaration, complete the medical information section and tell us who your two main emergency contacts are should your child experience an emergency at school or off-site.

The Use of Your Child's Image

We may wish to take images of activities that involve your child and use them for displays inside or outside school, in publications and on web/social networking sites managed by us, or with our permission, others associated with us. This may include pictures that have been drawn by children. Images that might cause embarrassment or distress will not be used nor will images of your child be associated with materials or issues that are considered sensitive. You can ask to see any images that we hold of your child at any time.

Photography or filming will only take place with the permission of the Head teacher, and under appropriate supervision. When filming or photography is carried out by the news media, they are exempt from the data Protection Act 1998, but it is our policy that children will only be named if there is a particular reason to do so (e.g. they have won a prize), and no other personal details will be given out. However, it is important to understand that unless your child is part of a large group, it is likely that the media will require your child's full name before an image is used. If you give your consent to this, you should be aware that these images and your child's name may appear in local or national newspapers and worldwide online.

Please carefully consider the consent descriptions in the form below and indicate those which you **do** consent to by initialling beside each one. Where you do not consent, please leave the space blank.

If you wish to attend school functions and take images of your child, please be sensitive to other people and try not to disrupt concerts, performances and events. Please also bear in mind that you may capture other people's children and you should ensure the images you have taken are appropriate. If you or your child intends to share such images you should only share them publicly with the express permission of the parents of everyone in the images. Please also note that we ask

Headteacher Mrs Louise Anderton

Morland, Penrith, Cumbria, CA10 3AT. Tel/Fax 01931-714668 Email: admin@morlandarea.cumbria.sch.uk
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all parents and children to support our approach to E-safety and not upload or post to the internet any pictures, video or text that could upset, offend or threaten the safety of any member of the school community or bring the school into disrepute.

The Giving of Medicines (necessary pain relief only)

We will not give your child any medicine, including necessary pain relief, unless it is in line with our policy for Supporting Pupils with Medical Conditions (available on request) **and** you give your express consent by signing the form below. If your child requires regular medicine for a health or medical condition, we will need more detailed information about the medicine and as part of your child's Individual Healthcare Plan you will be asked for that separately.

Please complete form overleaf.

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Parental Consent Form - Trips, Images and Pain Relief

Name of Child:		Date of Birth:	
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EDUCATIONAL VISITS

This consent *will* last for the time that your child is with us at this school, but it is good practice for us to confirm your consent for residential or adventurous visits again at the time we run such activities because we may require further information relevant to that single trip e.g. phobias, swimming ability, sleepwalking etc. When you are informed that this kind of visit will take place, you will be asked for further information and offered an opportunity to withdraw this consent. You should also complete and return any slip provided at that time.

I consent to my child taking part in school trips and other activities that take place off-site **and** to them being given urgent medical/dental treatment or necessary pain relief during any trip or activity. I understand that:

- **All** trips and activities are covered by this consent and will include;
 - all visits (including residential trips) which take place during the holidays or a weekend,
 - adventure activities at any time *and*
 - off-site sporting fixtures outside the normal school day,
- School will provide me with information about each trip or activity before it takes place.
- I can inform school that I **do not** want my child to take part in a particular trip/activity and I should do so in writing.
- I **must** ensure that I and my child understand and agree to abide by any trip Code-of-Conduct.
- I **must** keep school informed if any medical information I have provided becomes out-of-date or where religious beliefs may impact on any medical treatment my child may receive.
- I **must** keep school informed if any emergency contact information I have provided becomes out-of-date or does not apply to a particular trip and I must provide alternatives as necessary.
- All school activities are appropriately insured. I also understand the extent and limitations of this insurance (details available on request).

Medical Information: Details of any medical conditions including allergies and travel sickness that my child suffers from and any medicines with dosage etc. that they should take during off-site activities including those outside school hours or overnight – attach additional sheet if necessary.

Communication: initial under YES or NO

I **am** able to use the school website/Parentpay/email to keep up to date with information about school and in particular, activities, visits and fixtures.

	YES	NO
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EMERGENCIES	Emergency Contact 1		Emergency Contact 2	
Name:				
Relationship:				
Telephone Number(s):	Work:		Work:	
	Home:		Home:	
	Mobile:		Mobile:	

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USE OF YOUR CHILD'S IMAGE – <u>initial</u> where you <u>do</u> consent and <u>leave blank</u> where you <u>do not</u> consent	Initials
I consent to images of my child being used for official school purposes of promoting or publicising the school and events in accordance with the school policy.	
I consent to images of my child being used on the school website, on websites of those organisations permitted to use images by the school and school managed Social Network sites and I understand that these images will be available on the World Wide Web.	
I consent to images being used with my child's full name in news media.	
I consent to my child being included in any images taken by other parents/carers who wish to photograph or record school events for their own personal use.	
I agree that any images I might take at school events will not be used inappropriately or shared publicly without suitable consent from all others involved. NB: If you do not agree to this Governors reserve the right to take steps to prevent you from taking your own images or using/sharing any images that others have taken at school events.	

THE GIVING OF NECESSARY PAIN RELIEF MEDICINE ONLY (Paracetamol)

We will not give your child any medicine, including necessary pain relief, unless it is in line with our Supporting Pupils with Medical Conditions Policy (available on request) **and** you give your express consent here.

I consent to my child receiving necessary pain relief medicine (Paracetamol) in line with the school policy and as per my instructions or those of a medical practitioner. I understand that if my child will require the regular administration of medicine at school, even for a limited time, I **must** complete another form with full details e.g. what, when, dose etc.

Signed:		Date:	
Print Name:		Relationship to Child:	

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