

Kirk Sandall Infant School Parental Consent Form

Please read the following carefully, sign and return to the school office.

Name of Child:	Date Of Birth:
Food Allergies	
During the time your child will spend in school he / she This is a valuable part of the curriculum.	will have the opportunity to bake and taste different foods.
I give permission for my child to participate in these act	ivities
Would you please state if they are allergic to any foods—we will require a letter from a doctor or dietician to confirm this.	
Allergies	
Out and About	
From time to time we like to go out of school on lo These trips may occur on the spur of the moment.	
I give permission for my child to be taken out of scl	nool on such occasions.
Photographs and Video	
I consent for my child's photograph to be taken an	d used in displays around school.
I consent for my child's photograph / video to be to	ken and used in publicity produced by the school.
I consent for my child's photograph / video to be to	ken and used in publicity about the school.
I consent for short clips / videos to be taken of my	child to promote learning in the around school.
School Twitter Account and Website	
I consent for my child's learning and / or pieces	and used on the school's twitter account and website. of work to be used to promote the school and pupils school. Twitter account and website.
*If your child has any medical needs that the school should be aware of please inform the office staff	
and complete the a	ippropriate paperwork.
	lease contact the school as soon as possible so your s can be updated.
•	on our website. If you would like a hard copy please in@kirksandall-inf.doncaster.sch.uk
By signing below you are giving your consent to all of the statements listed above.	
We thank you for your support.	
Signed Print	Date