

West Kirby Primary School Parental Consent Form Part A

Name of child:

Date of birth:

Consent form for school trips and other off-site activities

This consent form replaces & brings together in one place a number of permissions previously requested separately. This consent form (Part A and Part B) remains valid for the duration of your child's time with us unless you inform us otherwise in writing. Please note that it is your responsibility to inform school of updates or changes to any information provided below. If you have more than one child in school, please note that we require a consent form for each child.

Please sign and date the form below if you are happy for your child, named above:-

- a) To take part in school trips and other activities that take place off school premises
- b) To be given first aid or urgent medical treatment during any school trip or activity.

Please note the following important information before signing this form:

- The trips and activities covered by this consent include:
 - all school trips and visits (except residential trips)
 - adventure activities during or outside the school day
 - off-site sporting events/activities including outside the school day,
 - other off-site learning activities
- The school will send you information about each trip or activity, including any cost, before it takes place.
- You can, if you wish, inform the school in writing that you do not want your child to take part in any particular school trip or activity.

Written parental consent will **not** be requested from you each time there is an off-site visit but you will be informed of any off-site activities before they take place.

Please complete the medical information section below and sign and date this form if you agree to the above.

Signed:

Date:

For journeys away from the school site including residential visits:

I am willing to allow my child to take part in activities away from the school base during the year. I also give permission for the Teacher or Headteacher to sign on my behalf any forms of consent required by the hospital authorities in the event of my child being taken ill or injured during the course of the journey to the extent that a surgical operation or serum injection becomes necessary, provided the delay required to obtain my signature might be considered likely, in the opinion of the doctor or surgeon concerned, to endanger my child's health or safety. I understand that during the period of the activities away from the school base, my child will be in your charge through the appointed members of staff and under your instructions.

Signed:

Date:

West Kirby Primary School Parental Consent Form Part B

Name of child:

Date of birth:

Consent form for end of day collection arrangements, use of images by school, use of internet by children, working with foods & food tasting & GDPR

Collection of Child: My child will only be collected by the people who I have put down as emergency contacts on the Data Collection sheet. If my child is going to be collected by someone else I will inform the school office

Signed:

Date:

If you wish your child to walk home from school without an adult whilst in Y5 and/or Y6, please inform us in writing/by email. We are unable to let your child go alone without your permission.

General Data Protection Regulation: I consent to my child's information being held along with parent/carer information and for it to be used as detailed in the GDPR Privacy Notice for Pupils and their Families for the benefit of my child's education.

Signed:

Date:

School Photography and Video Consent:

I provide consent to:	Yes	No
Using images of my child in displays in and around school		
Using videos of my child in the classroom during lessons, assemblies and performances		
Using images of my child on the school website.		
Using videos of my child on the school website.		
Using images of my child on Social Media		
Using videos of my child on Social Media		
Using images of my child in school newsletters and school publications which may be emailed to parents		
Allow other parents/carers to take photographs of school events which may include my child on the understanding that these images/videos are for personal use only and are not published on line / shared through social media		
Allow other parents/carers to take videos of school events which may include my child on the understanding that these images/videos are for personal use only and are not published on line / shared through social media		

Signed:

Date:

Please note if you do not give permission for your child's photograph and/ or video footage to be used, your child may have to withdraw from some activities.

Internet Consent: I agree that my child can use the internet under the supervision of the school and in line with the School's E-safety Policy.

Signed:

Date:

Food Tasting: I give permission for my child to participate in food preparation and tasting with due consideration given to any allergies and dietary requirements that I have advised school of.

Signed:

Date:

Email contact: I/We give consent to receive correspondence from school by email using the following address/addresses*

1.
2.