

Parental Consent Form

Name of Child:-

This consent form is valid for the period of time your child attends this school. The consent form will automatically expire when they leave.

Please cross out any section for which you do not give your consent.

School Visits

I give permission for my child to go on short local visits during the school day.

I give permission for my child to travel by private car if necessary (eg in the event of accident or illness).

I acknowledge that staff will be liable in the event of any accident **only** if they have failed to take reasonable care of my child during the visit.

During the visit I consent to my child receiving medical treatment, which in the opinion of a qualified first aider, may be necessary.

Photographs

Please circle your answer -

I am happy for my child's photograph to be taken when participating in school activities. **Yes / No**

If your answer to the above question is yes, please circle as appropriate to say you are happy for your child's photograph to be used in the following ways:

- 1) In publications and publicity materials produced by the school and by Suffolk County Council. **Yes / No**
- 2) On the school website and Suffolk County Council websites **Yes / No**
- 3) Recorded on video or webcam **Yes / No**
- 4) I am happy for my child to appear in the media e.g 'First class' photo. This may mean their photograph or name used in print. **Yes / No**

Plasters / Allergies

Is your child allergic to plasters? **Yes / No**

Please detail anything your child is allergic to

Signed: _____ Parent / Guardian