

Dear Parents and Carers,

**Re: Parental Consent Form – Trips, Images and Pain Relief**

Please read this letter and complete the enclosed consent form, returning your completed form to school as soon as possible.

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 can withdraw any of these consents at any time.**

**Educational Visits**

Please read the declarations, 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 Name, Image and Voice**

We don't need parental consent to use personal data, including image or voice recordings when we use it for education purposes. Using the names, images and voices of children in their work and in displays inside school is a fundamental part of their education, personal development and how we celebrate them. This does not affect your or your child's statutory rights (described in our Privacy Notice). Anyone can raise any concern with any member of staff about our use of their or their child's data at any time and we must ensure the rights of the individual are upheld if we've got no good reason to refuse.

We do need parental consent to use personal data for other reasons such as marketing or self-promotion in publications and on websites or social media platforms directly managed by us or, with our permission, by others associated with us and this may include pictures that have been drawn by children. Images that might cause embarrassment or distress will not be used nor will image or voice recordings 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, audio recording or filming will only take place with the permission of the Executive Head Teacher or Head of School, and under appropriate supervision.

Regardless of who is doing the publishing, our policy is that children will only be named if there is a reason to do so (e.g. they have won a prize), and no other personal details will be published or given out. If names will or might be published e.g. in a newspaper article, we will check that you consent at the time and before the publishing happens. It is important to understand that if you do consent, the images and your child's name will appear in local or national newspapers and worldwide online.

If you want 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 so make sure images are appropriate. If you or your child intends to share images, you can only share them publicly i.e. post them to social media, with the express permission of the parents of everyone in the images. Please also note that we ask all parents and children to support our approach to online safety and not upload or post to the internet any pictures, audio, video or text that could upset, offend or threaten the safety of any member of the school community or bring the school into disrepute. If these rules are not respected, governors reserve the right to stop everyone from recording school events.

Please carefully consider the consent descriptions in the enclosed form and tell us what you consent to by crossing out "do" or "do not" as applicable.

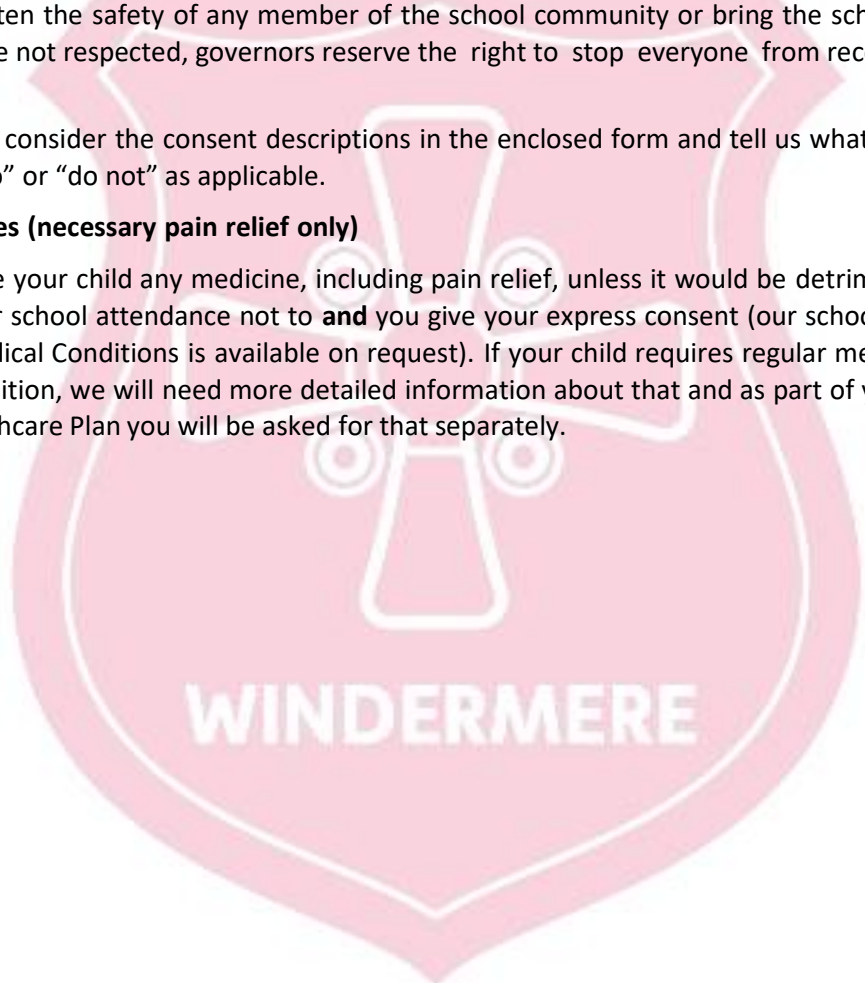
**Giving Medicines (necessary pain relief only)**

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

Many thanks

*L. Bone*

Mrs Lucy Bone  
Headteacher



**St. Cuthbert's**  
CATHOLIC PRIMARY SCHOOL

**ONE FAMILY, ALL WELCOME**

## Parental Consent Form - Trips, Images and Pain Relief

<b>Name of Child:</b>		<b>Date of Birth:</b>	
-----------------------	--	-----------------------	--

### EDUCATIONAL VISITS

This consent will last for the entire time that your child is with us at this school, but it is good practice for us to check your consent still applies when we offer residential or adventurous visits. When we tell you about them, we will ask for current information about your child e.g. updated medical needs, sleepwalking, swimming ability etc. and offer you the chance to withdraw your consent. You should also complete and return any slip provided then.

**Declaration** (please tick the appropriate option):

- 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 or dental treatment or necessary pain relief during any trip or activity.
- I **DO NOT CONSENT** to my child taking part in school trips and other activities that take place off-site **and** to them being given urgent medical or 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.

**Using our website and text service to stay in touch:** \*please delete as applicable

To keep up to date with information about school, particularly activities, visits and fixtures:

I **\*can / cannot** use the school website

I **\*consent / do not consent** use receiving text messages from school with up to date information

EMERGENCIES	Emergency Contact 1		Emergency Contact 2	
<b>Name:</b>				
<b>Relationship:</b>				
<b>Telephone Number(s):</b>	<b>Work:</b>		<b>Work:</b>	
	<b>Home:</b>		<b>Home:</b>	
	<b>Mobile:</b>		<b>Mobile:</b>	



**USE OF YOUR CHILD'S IMAGE AND VOICE** \*please delete as applicable

I **CONSENT** to image and voice recordings of my child being published in media used for official school purposes in line with school policy *which school directly controls* and which will **never be published online** by school

I **DO NOT CONSENT** to image and voice recordings of my child being published in media used for official school purposes in line with school policy *which school directly controls* and which will **never be published online** by school

e.g. the Christmas play DVD, the promotional montage video that plays on repeat in reception, a printed newsletter that will never be put on the school website.

I **CONSENT** to image and voice recordings of my child being published in media *which school directly controls* and which **will be published online** and therefore be available worldwide

I **DO NOT CONSENT** to image and voice recordings of my child being published in media *which school directly controls* and which **will be published online** and therefore be available worldwide

e.g. the prospectus, the school website, school Twitter feed, school Facebook page.

I **CONSENT** to image and voice recordings of my child being published in media *which school does not directly control* i.e. outside organisations which school has carefully selected and which **will be published online**

I **DO NOT CONSENT** to image and voice recordings of my child being published in media *which school does not directly control* i.e. outside organisations which school has carefully selected and which **will be published online**

e.g. news media, other school websites publicising events that your child participated in etc.

**Declaration:**

I **understand** that any image or voice recordings I might make at school events must not be used inappropriately **and** that they cannot be shared publicly without suitable consent from everyone in them. I also understand that if these rules are not respected, governors reserve the right to stop everyone from recording school events.

**NECESSARY PAIN RELIEF (Paracetamol)**

We will not give your child any medicine, including necessary pain relief, unless it would be detrimental to your child's health or school attendance not to **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.

I **DO NOT 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.

<b>Signed:</b>		<b>Date:</b>	
<b>Print Name:</b>		<b>Relationship to Child:</b>	



# St. Cuthbert's

CATHOLIC PRIMARY SCHOOL

**ONE FAMILY, ALL WELCOME**