



General Consent Form 2014/2015.

PUPIL NAME:

CLASS:

The consent will run until the end of the Summer term 2015. It is therefore **REALLY** important that you inform us as soon as there are any changes to the medical information or consents listed below, this must be confirmed in writing and handed in at the School Office. Thank you.

Please tick appropriate box

Consent for First Aid.

We may occasionally need to administer basic first aid.

Do you give consent for basic first aid to be given to your child by a qualified person?

YES NO

Does your child have any other allergies or medical conditions we should make all staff aware of (e.g. Asthma, diabetes, allergies to nuts / bee stings)

YES NO

If yes, please give details below including how they should be treated:

Local trips out during school time.

Are you happy for your child to be taken off the school grounds by suitably qualified staff during the school day for local visits, walks and field study **on foot**?

YES NO

Do you give permission for your child to be transported in a car/by minibus by staff or volunteers who are suitably insured and checked?

YES NO

Photo Consent.

As part of our learning at Bransgore School, we use photographs and video to record events in and around the school and use these images internally on notice boards and in classrooms. **We may from time to time photograph children for record keeping, for promotional purposes such as school booklets or school website, or anonymous use on social media updates such as the School Twitter feed. We also sometimes allow parents to take photos at school events. This is decided on an event by event basis.**

Are you happy for your child to be photographed in any instance at school, this may include but is not limited to: Class photos, Social Media, School blog and website, by other parents and promotional material e.g. newspapers and brochures

YES NO

(Please note: School takes no responsibility for the use and distribution of such images later.)

Current Medical Form.

I have already completed a medical form for a recent trip and confirm that the information contained is still correct.

YES NO

Name of Parent/Carer:

Signed:..... **Date:**.....

Many thanks for completing this form and previously completing the medical form. **Please return to the School Office by Friday 5th December.**

PLEASE SEE OVERLEAF FOR HOME SCHOOL CHILD AGREEMENT