

St Martin-in-the-Fields High School for Girls

CHURCH OF ENGLAND ACADEMY
Service Compassion Justice Perseverance



PARENTAL CONSENT FORM

(GDPR COMPLIANT)

STUDENT DETAILS

NAME	
YEAR	
CLASS	
*AGE	

*if aged 13, the student will also have to sign the last page

PARENT/CARER DETAILS

	**PARENT/CARER 1	**PARENT/CARER 2 (if applicable)
NAME		
RELATIONSHIP TO STUDENT		
ADDRESS		
LANDLINE TELEPHONE		
MOBILE		
EMAIL		

**only those with parental responsibility

PLEASE INDICATE WHETHER YOU HAVE GIVEN YOUR CONSENT IN EACH CASE BY TICKING THE APPROPRIATE BOX. YOU WILL NEED TO SIGN AND DATE THE FORM ON THE LAST PAGE AND RETURN IT TO STUDENT SERVICES AS SOON AS POSSIBLE. THANK YOU.

ON ON-SITE ACTIVITIES - I GIVE CONSENT FOR MY CHILD TO:	YES	NO
Use the internet in line with the school's acceptable usage policy		
Take part in food preparation/cooking and tasting activities		
<i>Please outline any food allergies/specific dietary requirements:</i>		

OFF SITE ACTIVITIES - I GIVE CONSENT FOR MY CHILD TO TAKE PART IN:	YES	NO
Supervised visits/sports events to local destinations (within 5 miles away from the school site)		
Supervised one-day non-residential visits within the UK (these would be subject to standard school letter/permission slips)		
Off-site sporting fixtures during the school day		
Off-site sporting fixtures outside the school day		

The school will send information to parents/carers about each trip or activity before it takes place and you can, if you wish, advise us 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 for the majority of off-site activities offered by the school i.e. year group visits to various amenities (these activities are part of the school's curriculum and usually take place during the normal school day.

MEDICAL - I GIVE CONSENT FOR:	YES	NO
My child to be given first aid by a trained member of staff during any on-site or off-site activity		
My child to receive urgent dental, medical or surgical treatment, including anaesthetics, as my be considered necessary by medical authorities present, during any on-site or off-site activity		
My child's information to be shared with the NHS or other relevant health professionals		
Plasters to be applied to my child		
Staff to administer medicines as specified on signed medical forms		
I will ensure that any regular medication e.g. asthma inhalers, are provided for use in school and on a school visit		
<i>Please outline any medical conditions/allergies:</i>		

USE OF INFORMATION AND IMAGE (INCL. PHOTOGRAPHS AND VIDEO RECORDINGS) - I GIVE PERMISSION FOR MY CHILD'S	YES	NO

Image to be used as part of school wall displays/class activities, including celebrating achievement, advertising school productions and other internal publicity purposes		
Image (first name only) to be used on the school website, Twitter and Facebook feeds		
Image (not named) to be used in external media (e.g. local/national press and organisations)		
Image to be included in the school's annual formal class/whole school photographs		
Image to be included in the school's annual formal individual photographs		
Image (first name only) to be included in the school newsletter		
Image and named work to be displayed around the school on wall displays		

SCHOOL PRODUCTIONS - I GIVE PERMISSION FOR MY CHILD	YES	NO
To be filmed during school productions		

OTHER CONSENT	YES	NO
I give my child consent to be included in Sex and Relationship Education lessons through our Wellbeing Programme		
Should my child need additional nurture i.e. counselling, I give consent for my child to have on-to-one sessions or any other nurture the school offers e.g. behaviour management		

COMMUNICATION - I GIVE PERMISSION FOR THE SCHOOL TO CONTACT ME VIA:	YES	NO
PHONE		
EMAIL		
TEXT MESSAGE		

Although consent is sought, the school has a legitimate interest to contact you about events, information, etc. whilst your child is at St Martin's

Data Protection Act: the school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date.

The information in this form will be used throughout your child's time at the school. You may withdraw your consent at any time by contacting the school and the school will action this where possible. Please sign and date this form before returning it to Student Services.

SIGNED (PARENT/CARER)	DATE
<i>If your child is aged 13+, they will also need to sign and date below:</i>	
SIGNED (ALL STUDENTS AGED 13+)	DATE

FOR OFFICE USE ONLY

Date received		Date input into SIMS	
Received by		Input by	