



PARENTAL GENERAL CONSENT FORM

Please **complete all shaded boxes on these forms**

Name of Child	DOB
Name of Parent(s)/Carer(s)	

Please indicate **Y or N** to the following boxes:

Y	N	I give permission for my child to be taken out of the school grounds for Educational visits within the neighbourhood/Shepshed.
Y	N	I give permission for my child to eat food, which is a product of cooking or food tasting sessions.

Please give details of any food allergies, dietary needs or religious observance which mean certain food must be avoided

Y	N	I agree to staff caring for my child's toileting needs following guidelines outlined in the Toileting/Intimate Care Policy.
Y	N	I agree to staff applying sun cream when necessary.
Y	N	I understand that my child should not wear jewellery during PE sessions for Health & Safety Reasons
Y	N	I give permission for my child to use the Internet and email in Pre-school under supervision

At Newcroft we frequently **photograph or film** children to record and enhance their enjoyment of the curriculum. Please read the following advice:

"Parents, carers and relatives of pupils should note that any photography or video film they take at school events is likely to contain images of other children whose parents will not have given permission for them to be filmed or photographed. Such images should not be circulated more widely than the family (such as on social media), i.e. they should just be for the family's use. Our advice is that any manipulation or distribution of images of children could result in prosecution."

		Secure Use of Images - I am happy for photos of my child to be taken/used in school and in secure online areas (only viewed by the school or parents); for example, Earwig, Class Dojo, Weduc (School App)
		Public Use of Images (without pupils' names – unless I give consent otherwise) - I am happy for photos of my child to be taken/used on the school website, social media (Twitter) and prospectus

We will consult you before photographs of your child are used in the media or by other schools. **Please notify the office of any changes to these arrangements.**

PARENTAL GENERAL MEDICAL CONSENT FORM

Name of School		
Name of Child	Year Group	
Name of Parent(s)/Carer(s)		

In the event that we are unable to contact you immediately or the situation dictates it:

	I give permission for emergency medical advice and treatment to be sought
	I give permission for my son/daughter to be given first aid by a trained member of staff during any on-site or off-site activity
	I give permission for staff to take my child to the nearest Accident and Emergency unit to be examined, treated and admitted as necessary.
	I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic and blood transfusions as considered necessary by the medical authorities present.
	I give permission for a member of school staff to sign on, my behalf, any medical consent forms, if my son/daughter should require emergency treatment and I cannot be contacted
	I give permission for plasters and dressings to be applied to my son daughter in the event of an injury

HOMETIME COLLECTION ARRANGEMENTS

Name of at least two people or the agency who may collect your child

My child will be collected by	

<p><u>Signature</u> of Parents/Carers with Legal Responsibility for the Child</p> <p style="font-size: small;">(please use an electronic signature where possible – we will send this back to you for signing if not)</p>	Date

Please notify the office of any changes to these arrangements.