



Parental consent form

Please read the statements below and select Yes/No for each statement.

1. I give my consent for photographs and video recordings to be made of my child to support teaching and learning. I understand that if the image can be viewed outside the school my child will not be named.

YES/ NO

2. I give my consent for photographs to be made of my child for use within school administration systems, including medical records. This is for internal school use only.

YES/NO

3. I give my consent for images of my child to appear on the school website and to be used in school literature. I understand that images will not be named.

YES/NO

4. I give my consent for my child to be photographed by the press in connection with information about school activities. I understand that I will be asked for specific consent if the press wish to publish my child's name with the photograph.

YES/ NO

5. I give my consent for my child to have his/her photograph taken by the school photographer.

YES/NO

6. I give permission for basic First Aid to be carried out by a trained First Aider. This includes the use of plasters, if necessary.

YES/NO

7. I understand that in the unlikely event of an accident requiring hospital medical attention, the school will endeavour to contact me. However, should this prove unsuccessful I give my permission for a member of staff to take my child to hospital.

YES/NO

8. I give permission for personal care routines to be carried out with my child in the case of wetting, soiling or vomiting.

YES/NO

This consent will apply for as long as your child attends Alderman Jacobs School, plus one year. Consent can be withdrawn at any time by emailing office@ajs.education

Child's Name.....

Signed

Date.....

Print Name