

### Consent form for medical and photograph permissions

<b>Child's Name:</b>	
<b>Child's Date of Birth:</b>	

Dear Parents/Carers,

At St John's Catholic Primary School, we take photographs and film pupils as part of our core activity of education.

During your child's time at St John's this occurs as part of normal teaching and learning, assessment and safeguarding procedures and as such we do not need your permission for these activities. However, we do seek your permission to take photographs of your child and use them in the ways described below.

Why are we asking for your consent again?

You may be aware that there are new data protection rules coming into force with effect from 25 May 2018. To ensure that St John's meets the new requirements, we need to obtain your consent under the new regulations to take and use photos of your child.

We value using photos of your child to showcase what they do in school and demonstrate what school life is like to other stakeholders and the wider community, we really appreciate you taking the time to give consent again.

Furthermore, it is hugely beneficial to be able to identify children with educational, dietary or medical needs so as to safeguard and ensure their well-being.

Please consider carefully the ramification of not granting permission before you decide. When you have completed the form, please return it to the school via the class teacher.

**Emergency Consent**

<b>Parent / Carer</b>		
<b>Name</b>		
<b>Relationship to pupil</b>		
<b>Address</b>		
<b>Telephone Number</b>		
<b>Mobile Number</b>		
<b>Email Address</b>		

I give permission to be contacted by the school for any educational related purposes, including by the St Johns PTA or for medical or emergency reasons via:

(please sign as appropriate)

Telephone	
Mobile	
Email	

I give permission for the following person(s) to be contact and in case of emergency or illness, and collected by the following people if I cannot be contacted: at least 2 contacts and an additional person who doesn't reside with the child.

	Person 1	Person 2	Person 3
<b>Name</b>			
<b>Relationship to pupil</b>			
<b>Address</b>			
<b>Contact Numbers</b>			

Please tick ALL the relevant boxes, sign each item below and return this form to school.

I give my consent for my child's image to be used for identification purposes should they have a specific education, dietary or medical need which needs to be communicated to all staff for safeguarding purposes. (These photographs will be displaced in the medical room, leadership offices, classroom and school kitchen only).

YES

NO

Signed: \_\_\_\_\_

I give permission for the school to retain medical information on my child for the purposes of ensuring their safety and to share with relevant staff.

YES

NO

Signed: \_\_\_\_\_

I give permission for my child's information to be shared with the NHS and other medical professionals.

YES  NO Signed: \_\_\_\_\_

I give permission that my child can be given first aid on or off site by a trained member of staff, including staff from off-site facilities.

YES  NO Signed: \_\_\_\_\_

I give consent for my child's photo to be stored in SIMS (School Information Management System) and Pupil Asset (School Assessment Tracker) as part of their individual data file.

YES  NO Signed: \_\_\_\_\_

I give consent for my child's photograph to be taken by the school photographer for individual, group, class and whole school photographs.

YES  NO Signed: \_\_\_\_\_

I give my consent for photos and videos of my child to be used on the school website (name will be omitted)

YES  NO Signed: \_\_\_\_\_

I give my consent for photos and videos of my child to be by the PTA of St John's for school related events.

YES  NO Signed: \_\_\_\_\_

I give my consent for photos of my child with their name to be used in classroom, corridor and entrance displays, including for birthdays, to celebrate their language and culture, membership of school clubs and groups, cloakroom school pegs and other school related activities.

YES

NO

Signed: \_\_\_\_\_

I give my consent for photos and the name of my child to appear in local newspapers and magazines. Please note some newspapers may require the child's full name and may store photographs for online use.

YES

NO

Signed: \_\_\_\_\_

I give my consent for my child to be photographed and filmed by staff (on school owned devices) and fellow parents during school productions and events as long as it is made clear each time that these must only be used for personal viewing purposes and must not be published in any format including on-line.

YES

NO

Signed: \_\_\_\_\_

I give my permission for my child to participate in video conferencing. (Occasionally your child's class may talk to other children or author or online facilitator for example, outside of the school under the supervision of the Class Teacher).

YES

NO

Signed: \_\_\_\_\_

I give my permission for my child's photograph and name to be shared with colleagues from other schools in the KCSP Multi Academy Trust, via the secure Early Excellence Tracker (EExAT) or Pupil Asset for the purposes of multischool moderation.

YES

NO

Signed: \_\_\_\_\_

I give permission for my child's name and class to be used for curriculum websites including: Abacus Online, Accelerated Reader, Education City and other related curriculum sites.

YES

NO

Signed: \_\_\_\_\_

Please note: this form is valid for the period of time your child is on roll at St Peter's Catholic Primary School. Where the consent is given for a specific reason, eg, trip, medical conditions etc. once this need ends the image will be destroyed by shredding or disposed in secure.

Further permission will still be sought for individual school trips taking place off the school site.

You and your child have to right to OPT OUT of any consent given at any time. If you wish to make any changes, please email the school office at [office@stjohnsprimary.kent.sch.uk](mailto:office@stjohnsprimary.kent.sch.uk) or [awatson@stjohnsprimary.kent.sch.uk](mailto:awatson@stjohnsprimary.kent.sch.uk) or call the school on 01474 534546 and we will supply you with a new form. A copy of the form is also available on the GDPR page of the school website.

If you have any questions, please contact the school office or Mr Watson (Data Protection Lead)

Signed by Parent/Carer \_\_\_\_\_

Date: \_\_\_\_\_