

## Permissions: Pupils

### Information

Pupil Name	
Date of Birth	
Name of adult completing form	
Relationship to pupil	

*Please indicate whether you have given your consent in each case by ticking the box on the right-hand side and sign and date the form on the last page. Permissions can be withdrawn at any time by contacting the School Business Manager (office@stfrancispri.org).*

### On-site activities

*I give my permission for my son/daughter to:*

Use the internet in line with the school's acceptable usage policy (see website for policy)	
View films and video clips rated U	
Take part in food preparation/cooking and tasting activities	

*Please outline any food allergies / specific dietary requirements:*

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### Off-site activities

*I give my permission for my son/daughter to take part in:*

Supervised visits to local destinations away from the main school site (which might include walking to and from the church, to other local schools and other venues within Nailsea and Backwell)	
Supervised one-day non-residential visits within 50 miles of the school (which might include coach travel to sports activities, museums, historic sites and galleries, other schools, specialist centres and arts venues)	
Supervised off-site activities (for example, sporting fixtures and swimming lessons)	

We will **always** inform you before the event if your child is taking part in any of the above activities.

### Medical Consent

*I give my permission for my son/daughter:*

To be given first aid by a trained member of staff during any on-site or off-site activity. This might include the application of non-allergenic dressings.	
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To receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity	
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	
To use anti-bacterial hand gel	

*Please outline below any medical conditions/allergies and medication which your child will need to take in school. NB a medical consent form available from the office must be completed before any medication can be brought into or administered at school. The school may formulate a health care plan for more complex medical needs.*

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**Use of information and image (including photographs and video recordings)**

*I give my permission for my son/daughter's:*

Work to be used in school displays, in competitions entered through the school, and on the school and diocesan websites accompanied by first name	
Image and first name to be used within school (for example, in wall-mounted displays)	
Image to be used in printed and electronic school publications (for example, the school prospectus, newsletters)	
Image to be used on the school and diocesan website and in the local media	
Image to be taken by, or used in circulation to, other parents (for example, at school events such as Christmas productions)	
<p><b>Important</b>          I agree not to upload any image I have obtained through any school event onto any public media unless I have sought the individual permission of the parents of all children in the image. <b>Please sign below:</b></p> <p>Signed: ..... Date: .....</p>	

*The information in this form will be used throughout your child's time at school. You may withdraw your consent at any time by contacting the school business manager. You must let us know immediately if any information given on this form needs adjusting or updating (eg new food allergies or medical conditions).*

*If you would like to discuss any of the permissions in further detail, please contact the office. Please sign and date the form before returning it to the office.*

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