



| PUPIL INFORMATION | |
|-------------------|--|
| Name | |
| Date of Birth | |
| Class | |

| PARENT/CARER INFORMATION | PARENT 1 | PARENT 2 |
|--|----------|----------|
| Mr/Mrs/Miss/Ms/ Other | | |
| Full Name | | |
| Relationship to pupil ie.Mother/Father etc | | |
| Full postal address | | |
| Mobile telephone no. | | |
| Home telephone no. | | |
| Work telephone no. | | |
| Email address | | |
| I give consent to be contacted via the information provided | | |

| I/WE GIVE PERMISSION / CONSENT FOR MY SON / DAUGHTER TO BE RELEASED TO THE FOLLOWING PERSON(S) IN THE EVENT OF AN EMERGENCY OR ILLNESS, IF I CANNOT BE CONTACTED: | | |
|---|---------------------|---------------------|
| | EMERGENCY CONTACT 1 | EMERGENCY CONTACT 2 |
| Full Name | | |
| Full postal address | | |
| Relationship to pupil | | |
| Home telephone no. | | |
| Work telephone no. | | |
| Mobile telephone no. | | |
| Email address | | |
| I have obtained permission from my emergency contact to pass their details onto you. | (Please sign) | (Please sign) |

USE OF PARENT DETAILS

| I / WE GIVE PERMISSION FOR THE SCHOOL TO: | TICK YES | TICK NO |
|--|---------------------|--------------------|
| Use my contact details to contact me about fundraising activities for the School and PTA | | |
| Use my contact details to send me the school newsletter | | |
| Use my contact to contact me about clubs being run in school. | | |
| Contact me on behalf of external providers about events and clubs. | | |
| Pass my details on to the secondary schools for which we are a 'feeder' school, so that they can contact me with information about their school. | | |
| Keep my contact details to contact about future events and fundraising activities that may be of interest, even if/when my child leaves Crowlands Primary School. | | |



CONSENT AND PERMISSION



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|----------------------|--|
| Name | |
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ON - SITE ACTIVITIES

| I GIVE PERMISSION / CONSENT FOR MY SON/DAUGHTER TO: | PLEASE TICK |
|--|--------------------------|
| Use the internet in line with the school's acceptable use policy | <input type="checkbox"/> |
| View films and video clips rated U & PG | <input type="checkbox"/> |
| Attend after school clubs that my child may/will attend | <input type="checkbox"/> |
| Take part in food preparation and food tasting activities | <input type="checkbox"/> |
| <u>Food Allergies:</u> | <input type="checkbox"/> |

OFF – SITE ACTIVITIES

| I GIVE PERMISSION / CONSENT FOR MY SON/DAUGHTER TO: | PLEASE TICK |
|--|--------------------------|
| Take part in visits to local destinations from the main school site | <input type="checkbox"/> |
| Take part in supervised school trips. (authorisation per trip will also be required) | <input type="checkbox"/> |
| Take part supervised off-site activities (eg. Sporting fixtures / swimming lessons) | <input type="checkbox"/> |
| Staff to administer prescription medicines (Separate form to be completed when necessary) | <input type="checkbox"/> |



MEDICAL CONSENT

| I GIVE PERMISSION FOR: | PLEASE TICK |
|---|-------------|
| My son/daughter to be given first aid by a trained member of staff during on-site or off –site activities | |
| My son/daughter 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 | |
| My son/daughter to take part supervised off-site activities (eg. Sporting fixtures / swimming lessons) | |
| A member of school staff to sign on my behalf any medical consent forms, if my son/daughter should require emergency treatment and I/we cannot be contacted | |
| Plasters to be used if required on my son/daughter | |
| Staff to administer prescription medicines (Separate form to be completed when necessary) | |

ALLERGIES

Please outline any medical conditions / allergies that your child may have:

1.
2.
3.



USE OF INFORMATION AND IMAGE (NAME / PHOTOGRAPH)

| I/WE <u>GIVE</u> PERMISSION FOR MY/OUR SON/DAUGHTER'S: (Please note: It is our schools policy to use only the child's first name with any photographs taken) | PLEASE TICK |
|--|-------------|
| Name to be used on the school website | |
| Name to be used for external, printed publications and local media ie. Romford Recorder, Yellow Advertiser | |
| Photograph to be used within the school e.g internal displays | |
| Photograph to be used in school publications e.g. School prospectus | |
| Photographs to be used on the school website | |
| Photograph to be used for external, printed publications and local media ie. Romford Recorder, Yellow Advertiser | |
| Photograph to be appear on Crowlands Primary School Facebook / Twitter pages | |
| Photograph to be taken, or used in circulation to, other parents (eg. sports day / school performances) | |
| Individual photograph to be taken of my child by authorised school photographer | |
| To be included in class photographs to be taken by authorised school photographer | |

OR

| I/WE <u>DO NOT</u> GIVE PERMISSION : | PLEASE TICK |
|--|-------------|
| For <u>ANY</u> photograph to be taken of my son/daughter whether it be for internal or external publication | |
| For my son/daughter's name to appear on <u>ANY</u> internal or external publication | |



USE OF INFORMATION AND IMAGE (VIDEO)

| I/WE ' <u>GIVE</u> ' PERMISSION FOR MY/OUR SON/DAUGHTER: | PLEASE TICK |
|---|-------------|
| For the school to take videos of my child whilst on-site | |
| For the school to take videos of my child when off-site (ie. Educational visit, Residential activity) | |
| To use videos of my child for promotional purposes, such as on the school website | |

OR

| I/WE ' <u>DO NOT</u> ' GIVE PERMISSION : | PLEASE TICK |
|--|-------------|
| For <u>ANY</u> video to be taken of my son/daughter. | |

The information in this form will be used throughout your child's time at Crowlands Primary School. If you wish to change or withdraw any of your consent/permissions it is your responsibility to inform the school.

Please ensure that you have completed this section

Parent / Carer Name:.....

Signed:.....

Date:.....