



Parental Consent Form

Information

Pupil	
Name	
Year	
Class	

Parent/Carer	
Name	
Relationship to Pupil	
Address	
Telephone	
Mobile	
Email	

■ 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.

On-site Activities

I give my permission for my child to:

Use the internet in line with the school's acceptable usage policy	
View films and video clips rated PG	
Attend the after-school clubs I have listed below _____ _____	
Take part in food preparation/cooking and tasting activities	

Please outline any food allergies/specific dietary requirements:

Medical consent

I give my permission for:

My child to be given first aid by a trained member of staff during any on-site or off-site activity	
My child 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. Please note: it's good practice to seek consent here, but in a medical emergency your child may undergo treatment regardless of whether you have ticked this box. In an emergency: <ul style="list-style-type: none">• The school can consent on behalf of your child (on the basis of 'loco parentis')• Medical professionals can consent on behalf of your child Our thanks to Forbes Solicitors for its advice in this section.	
A member of school staff to sign on my behalf any medical consent forms, if my child should require emergency treatment and I cannot be contacted. Please note: it's good practice to seek consent here, but in a medical emergency the school can consent on behalf of your child (on the basis of 'loco parentis'), regardless of whether you have ticked this box. Our thanks to Forbes Solicitors for its advice in this section.	
Plasters to be applied to my child	
My child to use anti-bacterial hand gel	
My child to be assisted in applying sunscreen if necessary	
Staff to administer the medicines I have listed below: <hr/> <hr/>	

Please outline any medical conditions/allergies:

Emergency release

I give my consent for my child to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted:

Person 1	
Name	
Address	
Relationship to Pupil	
Contact Number	

Person 2	
Name	
Address	
Relationship to Pupil	
Contact Number	

■ Please make sure that any individuals whose details you put down here are aware you have done so. Additionally, make them aware of our privacy notice for personal data (contact the school office if you cannot find a copy).

Communication

I give my permission for the school to contact me via:

Phone	
Email	
Text message	

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.

If your child's circumstances change (e.g. relating to medical conditions/allergies), you must inform the school.

Please sign and date the form before returning it to: _____

Signed: _____

Date: _____