

South Walney Junior School Parental Consent Form - Trips, Images and Pain Relief

Name of Child:		Date of Birth:	
-----------------------	--	-----------------------	--

EDUCATIONAL VISITS

This consent will last for the entire time that your child is with us at this school, but it is good practice for us to check your consent still applies when we offer residential or adventurous visits. When we tell you about them we will ask for current information about your child e.g. updated medical needs, sleepwalking, swimming ability etc. and offer you the chance to withdraw your consent. You should also complete and return any slip provided at that time.

I ***do / do not** consent to my child taking part in school trips and other activities that take place off-site and to them being given urgent medical or dental treatment or necessary pain relief during any trip or activity. I understand that:

- **All** trips and activities are covered by this consent and will include;
 - all visits (including residential trips) which take place during the holidays or a weekend,
 - adventure activities at any time *and*
 - off-site sporting fixtures outside the normal school day,
- South Walney Junior School will provide me with information about each trip or activity before it takes place.
- I can inform South Walney Junior School that I **do not** want my child to take part in a particular trip/activity and I should do so in writing.
- I **must** ensure that I and my child understand and agree to abide by any trip Code-of-Conduct.
- I **must** keep South Walney Junior School informed if any medical information I have provided becomes out-of-date or where religious beliefs may impact on any medical treatment my child may receive.
- I **must** keep South Walney Junior School informed if any emergency contact information I have provided becomes out-of-date or does not apply to a particular trip and I must provide alternatives as necessary.
- All South Walney Junior School activities are appropriately insured. I also understand the extent and limitations of this insurance (details available on request).

Medical Information: Details of any medical conditions including allergies and travel sickness that my child suffers from and any medicines with dosage etc. that they should take during off-site activities including those outside South Walney Junior School hours or overnight – attach additional sheet if necessary.

EMERGENCIES	Emergency Contact 1		Emergency Contact 2	
Name:				
Relationship:				
Telephone Number(s):	Work:		Work:	
	Home:		Home:	
	Mobile:		Mobile:	

South Walney Junior School Parental Consent Form - Trips, Images and Pain Relief

USE OF YOUR CHILD'S IMAGE AND VOICE *please delete as applicable
I *do / do not consent to image and voice recordings of my child being published in media used for official school purposes in line with school policy <i>which school directly controls</i> and which will never be put online e.g. DVDs of school productions, any promotional montage video that might be played on repeat in reception, a printed promotional leaflet that will never be put on the school website.
I *do / do not consent to image and voice recordings of my child being published in media <i>which school directly controls</i> and which will be put online and therefore be available worldwide e.g. the newsletter, the school website, school Twitter feed, school Facebook page.
I *do / do not consent to image and voice recordings of my child being published in media <i>which school does not directly control</i> i.e. by outside organisations which school has carefully selected and which will be put online e.g. the news media, other school websites publicising events that your child participated in etc.
I *do / do not agree that any image or voice recordings I might make at school events will not be used inappropriately, or shared publicly without suitable consent from everyone captured. NB: If you do not agree to this, governors reserve the right to take steps to prevent you from taking your own images or using/sharing any images that others have taken at school events.

THE GIVING OF NECESSARY PAIN RELIEF MEDICINE ONLY (Paracetamol) during offsite visits/trips
We will not give your child any medicine, including necessary pain relief, unless it is in line with our Supporting Pupils with Medical Conditions Policy (available on request) and you give your express consent here.
I *do / do not consent to my child receiving necessary pain relief medicine (Paracetamol) during offsite visits/trips in line with the school policy. I understand that if my child will require the regular administration of medicine at school, even for a limited time, I must complete another form with full details.

Signed:		Date:	
Print Name:		Relationship to Child:	