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Head Teacher  
 Mrs S Taylor BA Hons.QTS  
 NPQH

**KIRKBY MALZEARD C.E. PRIMARY SCHOOL**

**Annual Consent Form 2021/22**

Dear parents / carers

Please complete the attached consent form (one per child) and return to school as soon as possible. If you have any questions, please do not hesitate to contact me.

Kind regards  
 Sarah Taylor  
 Headteacher

Name of child	
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Off-site Visits Consent

Following the latest guidance and legal procedures, we are not required to obtain written permission for individual out-of-school visits that take place within the hours of a normal school day. Ticking 'yes' below will give consent for your child to take part in off-site visits, including bus / coach travel within the Yorkshire Dales. Should we travel beyond this, we will write to obtain separate permission for that event, and we will always request special consent for visits which take place outside the hours of the normal school day.

I give permission for my child to take part in an off-site visit during the hours of the normal school day, including short-distance bus / coach travel (within the Yorkshire Dales).

Yes	
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No	
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I give permission for my child to travel in the car of a teacher, parent or other adult school helper, providing they are fastened into the seat with a seatbelt (with a booster seat where appropriate), and that the MOT and insurance details of the adult have been checked.

Yes	
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No	
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Photography / Video Consent

We have a duty to ensure the safeguarding of our children and to make sure that images / video are used appropriately. However, we also recognise that families and friends like to have pictures and video of their children taking part in school events / occasions. The following

consent options help us to safeguard our children by taking appropriate measures to protect them, allowing photography and filming to take place with certain restrictions.

At any school event / occasion where family and friends may be taking photos or making videos, they will be reminded that the images must be for personal use only and not be reproduced, distributed electronically, or posted on any social media sites.

I give permission for my child to have his / her photo published in the school prospectus (children will not be named).

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I give permission for my child's photo to be used on the school other websites and social media connected with our work in school (children will not be named).

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I give permission for my child to have his / her photo printed in a newspaper or a similar publication as part of a school activity (children may be named).

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I give permission for my child's to have radio consent (their first name to be used on air).

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I give permission for my child's photo to be used on the school website (children will not be named).

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I give permission for my child's thump to be scanned for biometric thumbprint (school library access).

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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### Other Consent

I give permission for an antiseptic wipe to be used by a responsible adult on a minor injury where appropriate.

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I give permission for a sticky plaster / adhesive bandage to be used on a minor injury.

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I give permission for sun cream (sent from home) to be applied to my child by an adult if the weather dictates.

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I give permission for my child to take part in cooking and tasting sessions and have made the school aware of any allergies and intolerances.

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I give permission for my child to eat 'birthday cakes/treats' brought in by other children

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I am happy for my child to take part in any drugs education organised by the school.

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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*(For parents of Y5/6 children only)* I am happy for my child to attend sex education sessions put on by the school. *(Please contact us if you want further details).*

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I am happy for my child to use e-mail and the Internet at school, in accordance with the School's Internet Access Policy.

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I undertake to inform the Headteacher as soon as possible of any change in my child's medical or other circumstances after the date shown below.

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I agree that if my child urgently requires medical or dental treatment and it is not possible to contact me/us, the teacher in charge at the time is authorised on my / our behalf to give consent to such emergency treatment.

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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Signature (parent / carer)		Date	
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**Please supply all contact numbers – even if you have supplied these previously.**

Parent / Carer: Mobile ..... Parent / Carer: Mobile .....

Other emergency contact number(s):

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 .....

Main email contact address:

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(This email address will be used to create your website account as well as some other updates and letters.)

Thank You.