



GREAT ROLLRIGHT CE PRIMARY SCHOOL

Church End, Great Rollright, Oxon, OX7 5SA 01608 737202

Head Teacher – Miss Michelle Hastings



Parental Consent Form

Date -

Pupil	
Name	
Year/Class	

Parent/carer	
Name	
Relationship to pupil	
Address	
Home Phone	
Mobile	
Email	

Parent Communications

The school uses Parent Mail for the majority of communications with parents, making sure you have easy access to information about activities, events and trips. Parent Mail is also used to top up dinner money or pay for school trips or bus club. Registering with ParentMail is very easy!

We will use the email address you have provided on this form to create a ParentMail account. If you already use Parent Mail at another school, please ensure you use the same email when registering.

Please be assured that ParentMail is registered with the Information Commissioner and guarantees that all information you provide will be kept private and will not be passed on to any other organisation.



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	<input type="checkbox"/>
Take part in food preparation/cooking and tasting activities (note allergy information in this form)	<input type="checkbox"/>

Off-site activities

I give my permission for my child to take part in:

Supervised visits/sports events to local destinations (within 3 miles) away from the main school site	<input type="checkbox"/>
Supervised one-day non-residential visits within the UK (These would still be subject to standard school letter/permission slips)	<input type="checkbox"/>
Supervised Swimming off site (Sibford School swimming pool)	<input type="checkbox"/>
Take part in Forest Friday activities in the local area	<input type="checkbox"/>

The value of LOVE is visible in every area of school life, and our strong inclusive community is strengthened by our other Christian Values of COURAGE, RESPECT and TRUTH.





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	
My child's information to be shared with the NHS and other relevant health professionals	
Plasters to be applied to my child	

Does your son/daughter suffer from any medical condition requiring medical treatment or special arrangements-----

Is your son/daughter allergic to any medication, insect bites/stings, food/ingredients or the like? If so please give details -----

Does your son/daughter have any special dietary requirements? If so, please specify what these are -----

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Emergency release

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

Person 1	
Name	
Address	
Relationship to pupil	
Contact number	

Person 2	
Name	
Address	
Relationship to pupil	
Contact number	

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

We take photographs of the children at our school. These images may be used in our school prospectus, in other printed publications that we produce, on our school website, on project display boards in school or in children’s records and books. We may also make video or webcam recordings for school-to-school conferences, monitoring or other educational use. Occasionally our school may be visited by the media who will take photographs or film footage of a high profile event or to celebrate a particular achievement. Pupils will often appear in these images, which may appear in local or national newspapers or in televised news programmes.

I give my permission for my child’s:

Image to be used as part of school wall displays/class activities	
Image (not named) to be used on the school website	
Image (not named) to be used by the ‘Friends of Rollright’ on social media	
Image (not named) to be used in external media, e.g Local newspaper press release	
Image to be included in the School’s annual formal class/whole school photographs	
Image to be included in the School’s annual formal individual photographs	
Image to be used in communication with international pen pals	
Named work to be displayed around the school on wall displays	
Images to be used after they have left the school e.g. as part of a display	

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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.

The school's privacy notice is available on the school website – <https://great-rollright.oxon.sch.uk> or as a hard copy from the school office on request.

Please sign and date the form before returning it to the School Office.

Signed: Date:

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