

# Pupil Consent Forms

Child's Name:

Child's Class:



Consent Given for the  
Duration of Your Child's Time  
at Our School

Please return this signed document to the Office where it will be held on file.

# Bearwood Primary and Nursery School - Permissions

## Home School Agreement

Signed by:

Parent.....

Child.....

School.....

Date:

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## Food Tasting and Preparation

I give permission for my child to take part in food preparation, cooking and tasting activities.	Yes / No
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**Signed:** \_\_\_\_\_ **(parent/carer)**     **Date:** \_\_\_\_\_

Please note below if your child has any specific allergies: -

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## Cool Milk Scheme

I do/do not wish for my child to offered milk.

Signed: \_\_\_\_\_ (Parent/Carer) Date: \_\_\_\_\_

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## Getting Children Changed

I give/do not give permission for the staff in Foundation Stage to help support my child when changing into clean clothes.

Signed: \_\_\_\_\_ (parent/carer) Date: \_\_\_\_\_

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## Local Visits

I am aware that the school does not require permission to take my child off site during school hours as visits are linked to the Curriculum and that they will seek permission to take my child off site outside of school hours for any school events including School Sports events or residential trips.

**Signed:** \_\_\_\_\_ **(parent/carer)** **Date:** \_\_\_\_\_

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**Minibus**

I give permission for my child to sit on the front seats next to the driver when being transported in the School's Minibus when necessary.	Yes / No
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**Signed:** \_\_\_\_\_ **(parent/carer)**     **Date:** \_\_\_\_\_

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**Calpol**

I give permission for the school to contact me regarding administering Calpol to my child.	Yes / No
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**Emergency Contact Number:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **(parent/carer)**     **Date:** \_\_\_\_\_

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**School Communications**

Please provide your current email address and mobile phone number to be used for all school communications.

Contact 1 Name: .....

Email Address: .....

Mobile Number: .....

**School Communication cont.**

Contact 2 Name: .....

Email Address: .....

Mobile Number: .....

Contact 3 Name: .....

Email Address: .....

Mobile Number: .....

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**Acceptable Use of IT**

I understand that the school also has the right to take action against me if I am involved in incidents of inappropriate behaviour, that are covered in this agreement, or when I am out of school and where they involve my membership of the school community (examples would be cyber-bullying, use of images or personal information).	Yes / No
I understand that if I fail to comply with this Acceptable Use Policy Agreement, I will be subject to disciplinary action. This may include loss of access to the school network/internet, detentions, suspensions, contact with parents and in the event of illegal activities involvement of the police.	Yes / No

**Signed:** \_\_\_\_\_ **(parent/carer)**      **Date:** \_\_\_\_\_

## **Video and Photography Consent**

I give permission for my child's image to appear in the school prospectus and/or other printed publications that the school or Trust produce for promotional purposes.	YES / NO
I give permission to the school and Trust to use my child's image on school/Trust websites.	YES / NO
I give permission to the school to use images of my child in notifications via social media (to include Twitter/Facebook) to share details of school events and activities.	YES / NO
I give permission for you to record my child's image on video or webcam to be displayed online via school or other websites.	YES / NO
I give permission for images of my child to be used by the news media in printed and/or electronic form and stored in their archives. This might include images sent to the news media by the school and images/footage the media may take themselves if invited to the school to cover an event.	YES / NO

### **I have read and understood the above information.**

Pupil Name:	Year Group
Parent Name:	Parent Signature:
Date:	