



**PARENTAL CONSENT FORM: School Year 2023/2024**

Child's Name: .....  
Date of Birth: .....  
Doctor's Name: .....  
Doctor's Address: .....  
.....  
Post code..... Phone number: .....  
(Please fill in if any information has changed recently)

In the event that my child is involved in a serious incident while in school, I expect the Headteacher or a delegated member of staff to contact me immediately on the emergency contact number I have provided.

In the event that my child requires immediate medical treatment before I will be able to get to the hospital, I hereby authorise the Headteacher or a delegated member of staff, to consent to emergency medical treatment on my behalf. I understand that this authorisation will remain valid unless I contact the school to withdraw it.

Signature of Parents/Carers: ..... Date.....

I give permission for my child to taste samples of food or drink.

My child does not have any known allergies to food / my child has food allergies (delete as appropriate).

Signature of Parents/Carers: ..... Date.....

I give permission for my child to walk or be transported by car from school accompanied by members of staff during school time for the purposes of learning or to meet transport.

Signature of Parents/Carers: ..... Date.....

I have read and understood the school E-safety Policy and give permission for my son / daughter to access the Internet.

Signature of Parents/Carers: ..... Date.....

**P.T.O**



Occasionally, we may 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, or on project display boards in school. 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 on televised news programmes.

In order that we can protect your child's interests, and to comply with the Data Protection Act 1998

(Please tick)

May we use your child's photograph in the school prospectus and other printed publications that we produce for promotional purposes, or on project display boards, etc.?  
☐ Yes ☐ No

May we use your child's image on our school website?  
☐ Yes ☐ No

May we use your child's image on the parish website?  
☐ Yes ☐ No

May we record your child's image on video?  
☐ Yes ☐ No

May we allow your child to appear in the media as part of school's involvement in an event?  
☐ Yes ☐ No

Signature of Parents/Carers: ..... Date: .....



## **Forest School**

Please read the following statement, complete and delete where appropriate and sign at the bottom.

I Mrs/ Mr/ Miss ..... give my consent for my son(s)/ daughter(s)

.....to take part in the Forest School activities and understand that these activities may involve a assessed/measured level of risk and may include, craftwork, woodcraft, including using sharp equipment such as saws and bush craft knives, flint fire lighting skills, den building, campfire cooking and other related activities.

I give my consent for the equipment and tools necessary for the activity to be used by the young person mentioned above. I understand that a strict code of practice for working with children will be followed and all activities will be risk assessed and I will be informed of any extra details of activities that are out of the ordinary pattern. I understand that even though the activities are well managed and risk assessed, they can still carry a degree of risk and potential danger.

As parent/guardian of the Child named above I agree to my child taking part in the activities and have completed and signed this consent form. I have read, understand and agree to the information at the top of this form. I know of no reason medical or otherwise why they should not take participate. I will ensure the Forest School Staff has any medication i.e. inhalers/epi-pens in school and in date. I consent to any emergency treatment necessary during the above session. I therefore authorise St Clare's Catholic Primary School Staff to sign on my behalf any written form of consent required by the hospital authorities on the understanding that every effort will be made by the Staff to contact myself the parent/guardian on the numbers provided above

In an emergency, I understand that every effort will be made to contact me, but I consent to any medical treatment required.

Signed..... Date.....Name.....

We may from time to time, use photographs taken during Forest School sessions in our newsletters and on our web site. This consent from will cover all activities.

I DO / DO NOT give permission for photographs to be taken of

.....

Signed.....Print.....Date.....