

HILDERTHORPE PRIMARY SCHOOL – PUPIL ADMISSION FORM

CONSENT SHEET

CONSENTS FOR (Name of child)

The consents given below are valid for the period of time your child attends this school.

| PERMISSION FOR EMERGENCY MEDICAL TREATMENT | |
|--|------------|
| I give permission for staff at Hilderthorpe Primary School to seek emergency medical treatment for my child if necessary | |
| Signature of parent/carer | Date |

| PERMISSION TO WALK IN THE LOCAL AREA | |
|--|------------|
| I give permission for my child to be taken out of the school grounds to walk in the local area as part of his/her learning | |
| Signature of parent/carer | Date |

| COLLECTION OF CHILD FROM SCHOOL | |
|--|--|
| I give permission for the following people to collect my child from school: <i>Please list names of all people who have your permission to collect your child. Please note we are not legally allowed to release your child to anyone not on the list without your permission</i> | |
| | |

| PHOTOGRAPH CONSENT | |
|--|------------|
| Whilst your child is at school there will be occasions when we take photographs. These photographs may be displayed in the classroom, around school on display boards, on our website and on social media sites such as Twitter, and the local press. <i>Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.</i> | |
| I am happy for my child's photograph to be used in the following ways: | |
| In school displays | YES/NO |
| On the school website and social media sites such as Twitter and other educational websites | YES/NO |
| Are you happy for your child to appear in the media, newspapers and TV? This may mean their photograph and name are used in print | YES/NO |
| Signed | Date |

I confirm I have voluntarily provided the information on this admission form. I have read the privacy notice and understand how the information will be used.

Signed Date