



CONSENT FORM 2017 ADMISSIONS

CHILD'S FULL NAME	
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PARACETAMOL	I give consent to the administering of paracetamol to my child by a member of the first aid team, as and when my child may require it. <input type="checkbox"/>
BIOMETRICS	I give consent to the use of my child's biometric fingerprint being used for the purpose of purchasing a school meal. <input type="checkbox"/>
USE OF IMAGES	I give consent to the use of images of my child being used in school publications and on the school website. <input type="checkbox"/>
	I give consent to the use of images of my child being used on the school Twitter and Facebook feeds. <input type="checkbox"/>
	I give consent to my child being involved in teacher training IRIS recordings. <input type="checkbox"/>
TRIPS & VISITS	I give consent to my child taking part in school trips and other activities that take place off school premises and to be given first aid or urgent medical treatment during any school trip or activity. <input type="checkbox"/>
	I confirm my child has a medical condition and I have completed a Care Plan <input type="checkbox"/>

PARENTMAIL	<p>I understand that my contact details will be forwarded to Parentmail and I that will need to verify my account before school can communicate in this way.</p> <p>Main Contact Name: _____</p> <p>Email Address*: _____</p> <p>Mobile No: _____</p> <p>Second Contact name _____</p> <p>Email Address*: _____</p> <p>Mobile No: _____</p> <p>* Please use 'Ø' for a zero in your email address, to help us identify this from the letter O. Only those people with parental responsibility can be listed here</p>
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NAME OF PARENT/GUARDIAN	
SIGNATURE	
DATE	