



CONSENT FORM

Child's Full Name	
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 also give consent to the use of images of my child being used on the school Twitter and Facebook feeds <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"/>
	I confirm that my child does not have a medical condition <input type="checkbox"/>
PARENTMAIL	I give consent to the use of my mobile number and/or email address being used for school communication via Parentmail. <input type="checkbox"/>
	Main Contact Name: _____ Email Address*: _____ Mobile No: _____ Second Contact name _____ Email Address*: _____ Mobile No: _____ * Please use 'Ø' for a zero in your email address, to help us identify this from the letter O.
NAME OF PARENT/GUARDIAN	
SIGNATURE	
DATE	