

consent

name of child

PARENTAL / CARER CONSENT DOCUMENT YEAR 7 TO YEAR 11



CONSENT

PLEASE PUT A BLACK LINE ACROSS ANY CONSENT YOU DO NOT AGREE TO

PARACETAMOL

I give consent to the administering of paracetamol to my child by a member of the first aid team.

NAME OF PARENT/CARER _____

SIGNATURE OF PARENT/CARER _____

DATE OF SIGNATURE _____

BIOMETRIC FINGER PRINTING

I give consent to the use of my child's biometric finger print for the purpose of purchasing a school meal.

NAME OF PARENT/CARER _____

SIGNATURE OF PARENT/CARER _____

DATE OF SIGNATURE _____

USE OF IMAGES

I give consent to the use of images of my child being used in school publications and on the school website.

I also give consent to the use of images of my child being used on the school Twitter and Facebook feeds
(please strike out this line if you do not give your consent to social media)

NAME OF PARENT/CARER _____

SIGNATURE OF PARENT/CARER _____

DATE OF SIGNATURE _____



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