



Madras V.A. Primary School

Parental Consent Form

Information (Date).....

Pupil	
Name	
D.O.B	
Address	
Ethnicity	
Religion	

	Parent/carer 1	Parent/carer 2
Name		
Relationship to pupil		
Address		
Phone		
Mobile		
Alternative number		
Email		

Please put in order of contact for all these areas on page 1 and 2, thank you.

Emergency release

I give my consent for my child to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted:

Person 1	
Name	
Address	
Relationship to pupil	
Contact number	
Person 2	
Name	
Address	
Relationship to pupil	
Contact number	

Collection

I give my consent for my child to be collected by the following person(s):

Name	Contact number	Relationship to pupil

Please indicate whether you have given your consent in each case by ticking the box on the right-hand side; and sign and date the form on the last page.

Medical consent

I give my permission for:

My child to be given first aid by a trained member of staff during any on-site or off-site activity	
My child to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity	
My child's information to be shared with the NHS and other relevant health professionals	
Plasters to be applied to my child	
Staff to administer the medicines as specified on signed medication forms	

Please outline any medical conditions/allergies:

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Name and address of doctor

Name	
Address	

On-site activities

I give my permission for my child to:

Use the internet in line with the school's acceptable usage policy	
Take part in food preparation/cooking and tasting activities	

Please outline any food allergies/specific dietary requirements:

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Off-site activities

I give my permission for my child to take part in:

Supervised visits/sports events to local destinations (within 3 miles) away from the main school site	
Supervised one-day non-residential visits within the UK (These would still be subject to standard school letter/Form 4)	
Supervised Swimming off site (Maelor School Swimming Pool)	

Use of information and image (including photographs and video recordings)

I give my permission for my child's:

Image to be used as part of school wall displays/class activities	
Image (not named) to be used on the school website	
Named image to be used on the school website	
Image (not named) to be used in external media, e.g Local newspaper press release	
Named image to be used in external media, e.g Local newspaper press release	
Named work to be displayed around the school on wall displays	

Communication

I give my permission for the school to contact me via:

	Parent 1	Parent 2
Phone		
Email		
Text message		
Post		

Friends of Madras

I give my permission:

	Parent 1	Parent 2
To receive information from the Friends of Madras via the school (your personal information will not be passed on to the group).		

The information in this form will be used throughout your child's time at school. You may withdraw your consent at any time by contacting the school.

Please sign and date the form before returning it to the School Office.

Signed:

Date:

Signed:

Date: