



ST. MARY OF THE ANGELS CATHOLIC PRIMARY SCHOOL

Shrewsbury Road, W2 5PR

PARENTAL CONSENT FORM

Pupil Name:		Date of birth:
Name of Parent/Carer:		
Relationship to pupil:		

Please indicate whether you give/do not give your consent in each case by ticking the 'Yes' or 'No' box on the right right-hand side. Please sign and date the form on the last page and return in a sealed envelope to the school office marked 'Consent Form - Private and Confidential'

<u>On-site activities</u> - I give my permission for my child to:	YES	NO
Use the internet in line with the school's Acceptable Use Policy		
View films and video clips rated U / PG (parental guidance)		
Take part in food preparation/cooking and tasting activities		

Please outline any food allergies/specific dietary requirements:

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<u>Off-site activities</u> - I give my permission for my child to take part in:	YES	NO
Supervised visits to local destinations away from the school site (for example library, market, parish church, local		
Supervised off-site activities (for example, sporting fixtures, swimming lessons)		
Supervised one day non-residential trips/educational visits (information / permission slip sent home prior to trip)		

<u>Medical consent</u> - I give my permission for:	YES	NO
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		
A member of school staff to sign on my behalf any medical consent forms, if my child should require emergency treatment and I cannot be contacted		
Plasters to be applied to my child		

Please outline any medical conditions/allergies your child has:

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Emergency release – If I cannot be contacted in an emergency, I give permission for my child _____
to be collected by the following adults:

Person 1	
Name:	
Relationship to child:	
Address	
Contact Number(s):	

Person 2	
Name:	
Relationship to child:	
Address	
Contact Number(s):	

Please ensure that any individuals whose details you have put down on this form are aware you have done so. Additionally, please make them aware of our Privacy Notice for personal data which is available on the school website or from the school office on request.

Use of information and image

The school greatly values being able to use photos of pupils to showcase what the pupils do in school and show what life is like at St. Mary of the Angels.

I give my permission for my child's:	YES	NO
Image to be used within school (for example, in wall-mounted displays, work books)		
Image (not named) to be used in school publications (for example, the newsletter)		
Image (not named) to be used on the school website (for example, photo of class assembly, music and drama performances, sporting events, fundraising events)		
Information (name and class) to be shared with the school appointed external photography company for individual photographs which I can purchase via the school		
Information (name and class) to be shared with the school appointed external photography company for class group or whole school photograph which can be purchased by other parents		

Communication

St. Mary of the Angels Catholic Primacy School uses **Groupcall** (www.groupcall.com) to contact parents/carers by email and text and for booking Parent Teacher Consultations.

I give my permission for the school to use Groupcall to:

	YES	NO
Email me school newsletters and general letters from the school		
Email/text about forthcoming school events and fundraising activities		
Email/text me information related to my child (for example, parent teacher consultations, school clubs,		

The school uses **School Gateway** (www.schoolgateway.com) for online payments for school lunches, clubs, Nursery Top-up payments and trips/visits.

I give my permission for the school to use School Gateway to:

	YES	NO
Process online payments		

The information in this form will be used throughout your child’s time at this school. You may withdraw your consent at any time by contacting the School Business Manager, Tina Coleman (office@stmaryangels.co.uk).

Please note, withdrawing your consent in regards to images will not affect any images that have been shared prior to withdrawal.

Child’s name: Date of birth:

Parent/carer name:

Parent/carer signature: Date: