



Oak Hill First School

Parental Consent Form

Information (Date).....

Pupil	
Name	
Class	

Parent/carer	
Name	
Relationship to pupil	
Address	
Phone	
Mobile	
Email	

Oak Hill First School is registered with the Information Commissioner's Office for holding and processing personal data. Our registration number is **27382080**. Oak Hill First School is committed to ensuring that it meets the requirements of current UK data protection legislation. This includes the General Data Protection Regulation (GDPR) (EU/2016/679).

The school holds and processes personal data to fulfil our public duties and to comply with the requirements of the Department of Education and with safeguarding regulations. Refer to Oak Hill First School Data Protection Policy and full privacy notice for further information.

The school has a duty to protect this information and to keep it up to date. The data will be held electronically on the Schools Data Management system and in hard copy on your child's file. This will be forwarded to your child's next school when they no longer attend Name School.

Oak Hill First School will share details relating to safeguarding, learning, and academic performance with education support organisations for the purpose of improving outcomes for your child. Otherwise this information will be treated as confidential to the School and to you except where such information must be disclosed by law to relevant statutory bodies.

We will collect additional personal data relating to learning, assessment and safeguarding through work within the school, this will include photographs and video images of pupils to support their learning for internal use within name School. E.g. Learning Journeys.

If you have any query or concern regarding the recording and use of this information, please contact the School Business Manager, Mrs M Harrison at businessmanager@oakhill.worcs.sch.uk.



On-site activities

I understand that my child may be asked to take part in educational activities in school that does not require consent involving the following. Please contact the school if you would like to withdraw your child from the following.

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

Please outline any food allergies/specific dietary requirements:

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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.

Off-site activities

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

Supervised visits/sports events to local destinations away from the main school site during normal school hours	
Supervised Swimming off site	

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

I understand that my child's named work, photograph or video image may be used as part of school wall displays and class activities.

I give my permission for my child's:

Image (e.g. as part of a team or record of an event) to be used on the school website, printed school publications, local press release, social media and other marketing purposes. <i>(Please note that the use of photographs in newspapers is subject to strict guidelines)</i>	
Image or video containing my child to be shared with staff from other settings to demonstrate good practice.	
Image to be included in the school's annual formal class/whole school photographs and formal individual photographs	
Image to be used on an external web site or for publicity or campaigns by national Government agencies	
Image to be used in communication with international pen pals	



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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Other consent

I give my permission for:

my child's special educational needs including any specific medical records to be held and used appropriately by the school for education, safeguarding or welfare of my child	
Other consent as required	



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	

Communication

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

Phone	
Email	
Text message	

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: