Hexham First School

Parental consent form

Pupil	
Name	
Year	
Class	
Date of Birth	
Parent/carer	
Name	
Relationship to pupil	
Address	
Phone	
Mobile	
Email	

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.

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I give my permission for my son/daughter 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:	
Off-site activities	
I give my permission for my son/daughter to take part in:	
Supervised visits to local destinations away from the main school site	
Supervised off-site activities (for example, sporting fixtures and swimming lessons)	
Medical consent	
I give my permission for:	—
I give my permission for: My son/daughter to be given first aid by a trained member of staff during any on-site or off-site activity	
My son/daughter to be given first aid by a trained member of staff during any on-site or off-site	
My son/daughter to be given first aid by a trained member of staff during any on-site or off-site activity My son/daughter 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	
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Use of information and image (including photographs and video recordings)

I give my permission for my son/daughter's:

Name to be used on the school website, printed publications and local media	
Work to be used in school displays and on the school website	
Image to be used within school (for example, in wall-mounted displays and Class Dojo)	
Image to be used in printed school publications (for example, the school prospectus)	
Image to be used on the school website and in the local media	
Image to be used on school social media (e.g: Facebook / Twitter)	
Communication	
I give my permission for the school to contact me via:	
Phone	
Email	
Class Dojo	
Text message	
The information in this form will be used throughout your child's time at school. You may withdraw you time by contacting the school.	
Please sign and date the form before returning it to:	
Signed: Date:	