



Hilltop Infant School

Parental Consent Form



Pupil	
Name	
Year	
Class	
Parent/Carer 1	
Name	
Relationship to pupil	
Address	
Phone	
Mobile	
Email	
Parent/Carer 2	
Name	
Relationship to pupil	
Address	
Phone	
Mobile	
Email	



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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.

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:

.....

.....

.....

Off-Site activities

I give my permission for my child to:

To attend Forest School/Outdoor Learning and Learning Outside the classroom	
Local visits	
Supervised one-day non-residential visits within the UK <i>(Parents will be informed in advance)</i>	



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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 authorise present, during any on-site or off-site	
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 medications forms	
Upon leaving, medical information will be passed onto the new school	

Please outline any food allergies/specific dietary requirements:



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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:

Contact 1	
Name	
Address	
Relationship to pupil	
Telephone	
Mobile	
Contact 2	
Name	
Address	
Relationship to pupil	
Telephone	
Mobile	
Contact 3	
Name	
Address	
Relationship to pupil	
Telephone	
Mobile	



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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	
Image (not named) to be used in external media, e.g. Local newspaper press release	
Image to be included in the School's annual formal class photograph	
Image (first name only) to be used on social media, e.g. Twitter, Tapestry, Facebook, Dojo, Seesaw etc.	

Communication

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

Phone	
Email	
Text message	
Send newsletters	

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:.....