# Bredon School

# Parental Consent Form

Information (Date)……………………………

| Pupil |  |
| --- | --- |
| Name |  |

| Parent / Carer |  |
| --- | --- |
| Name |  |
| Relationship to pupil |  |
| Address |  |
| Phone |  |
| Mobile |  |
| Email |  |

| Bredon School is registered with the Information Commissioner’s Office (ICO) for holding and processing personal data. Our registration number is 04399845. Bredon School is committed to ensuring that it meets the requirements of current UK data protection legislation. This includes the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act (2018).  The school is joint data controller with Cavendish Education (parent company of our Schools Group) which is also registered with the ICO under registration number ZA506906 and, as such, shares data with Cavendish Education to allow the school and Cavendish to fulfil their function.  The school and Cavendish Education hold and process personal data to fulfil our public duties and to comply with the requirements of the Department of Education and with safeguarding regulations. Refer to Bredon School Data Protection Policy and full privacy notice for further information.  The school and Cavendish Education have 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 Bredon School.  Bredon 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 the School. E.g. Learning Journeys.  If you have any query or concern regarding the recording and use of this information, please contact the School Bursar (bursar@bredonschool.co.uk) or Cavendish Education Ltd. |
| --- |

# 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 (not named) to be used on the school website, local press release, social media and other marketing purposes |  |
| --- | --- |
| Image to be included in the school’s annual formal class/whole school photographs and formal individual photographs |  |
| Image to be used in communication with international pen pals |  |

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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 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 biometric data to be used within the school for payment and access systems |  |
| --- | --- |
| My child’s educational needs records 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: ....................