

**Consent Record for Parents and Carers**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Overview of Consents**



On May 25th 2018, new rules and regulations were put into force to protect everyone’s data.

This booklet has been created to provide consent for staff in school to use your child’s data in a number of ways.

**What data do we hold in school?**

There is range of data that will be held in schools, which may include:

Pupil details – contacts, SEN, medical, safeguarding and assessment

Parents – contact details, relationships to pupils, bank details

Supplier information, which may require pupil details – 2 Simple, RockStar Maths etc

School meal information

Please read this booklet and, where you give consent, please tick the box. If you change your mind at any time, please feel free to contact the school office who will ensure your preferences are updated.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Photograph Consent**We often take photographs of pupils, which are used for a number of purposes such as evidence of learning in books, for the school website or prospectus and on display boards in school. We will only ever use first names to identify your child not their full name.***We/I agree that any photographs taken on school premises, or during school time events, will not be shared on social media.*** Please check the following and tick where you give consent for your child’s photograph to be used:

|  |  |
| --- | --- |
| We / I give consent for the school to take photographs of my child. |  |
| We / I give consent for my child’s photo to be used on the school website. |  |
| We / I give consent for my child’s photo to be used in local press pieces to promote the school |  |
| We / I give consent for my child’s photo to be used in the school prospectus. |  |
| We / I give consent for photos of my child to be used for internal displays |  |
| We / I give consent for my child’s photo to be used as evidence of their learning in books. |  |
| We/ I give consent for my child to have their photograph taken by the School Photographer used by the School |  |

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# **Medical Consent**

This section is seeking consent for visiting medical professionals and food tasting etc.

Please check the following and tick where you give consent:

|  |  |
| --- | --- |
| We / I give consent for my child to be seen by the School Nurse or Dentist etc without prior arrangement. If a special appointment has been made, we will be informed accordingly and given the opportunity to attend. |  |
|  |  |
| We / I give permission for my child to take part in food tasting activities within school. |  |
| For parents of children with specific dietary needs.We / I give permission for my child’s specific dietary requirements to be shared with the school kitchen and DCC Catering Services. **Please note that if this is required then a photograph needs to be given to our Kitchen.** |  |

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# **Computer Consent**

During the school day children have access to the Internet for research and learning.

Please check the following and tick where you give consent:

|  |  |
| --- | --- |
| We / I give consent for my child to use the Internet in school in line with protected websites. |  |
| We / I give consent for my child’s details to be shared with teaching companies we use to promote learning and to collect assessment data. |  |

**Parent Mail**

Please check the following and tick where you give consent:

|  |  |
| --- | --- |
| We / I give consent for information regarding my child to be shared with the Parent Mail service (parents only) |  |
| **2Simple**  |
|  |
| We / I give consent for my child’s photograph to be taken and used as part of their ongoing Learning Journey in Reception  |
|  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | **Trips and Visits Consent**As part of learning in school we often visit local places of interest and facilities such as the swimming pool.Please check the following and tick where you give consent:

|  |  |
| --- | --- |
| We / I give permission for my child to take part in walks around the local area and school. |  |
| We / I give permission for my child to visit local churches, local schools and local places of interest as part of daily learning. |  |
| **Parental Consent** |  |
| To deliver services in school we need to share your information with other providers. Please check the following and tick where you give consent: |  |
| Parent Mail – email address and phone number |  |
| Cool Milk – email address and contact details |  |
| School clubs – email and contact details |  |
| School Health, Local Education Authority, Derbyshire County Council and RMIntegris (Data Mangement Provider) |  |

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Thank you for taking the time to complete this consent booklet.

If at any time you wish to change any of the consents provided in this booklet, please contact the school office team who will be happy to update your preference.

Name of Parent / Carer………………………………………………………….

Signed…………………………………………………………………………………………. Date……………………………..

**Contact Us**

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