**HWS Parental Consent Form**

**Information**

|  |
| --- |
| **Pupil** |
| Name  |  |
| Year |  |

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

|  |
| --- |
| **Travel Arrangements** |
| **Bicycle** |  | **Walk** |  |
| **Car/Van** |  | **Bus** |  |
| **Taxi** |  | **Other** |  |

**Medical consent**

***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 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 son/daughter’s information to be shared with the NHS and other relevant health professionals |  |
| A member of school staff to sign on my behalf any medical consent forms, if my son/daughter should require emergency treatment and I cannot be contacted |  |
| Plasters to be applied to my son/daughter |  |
| My son/daughter to use anti-bacterial hand gel |  |
| My son/daughter to be assisted in applying sunscreen if necessary |  |
| Staff to administer the medicines I have listed below:................................................................................................................................................................................................................................................................................................................. |  |

*Please outline any medical conditions/allergies:*

..................................................................................................................................................................

..................................................................................................................................................................

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

|  |
| --- |
| **Medical Details** |
| Medical Practice Name |  |
| Practice Address |  |
| Phone |  |

**Emergency release**

***I give my consent for my son/daughter 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 |  |

***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 son/daughter to:***

|  |  |
| --- | --- |
| Use the internet in line with the school’s acceptable usage policy |  |
| View films and video clips rated PG |  |
| Attend extended day activities  |  |
| 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 one-day non-residential visits within the UK  |  |
| Supervised off-site activities (for example, sporting fixtures and swimming lessons) |  |
| Supervised adventurous activities as part of the school’s wider curriculum including: rock climbing, horse-riding, canoeing, water sports and cycling (on and off road) |  |
| Supervised alternative provision with a registered provider including: Construction, Wilderness, Tiling and Reverse the Cycle |  |

**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, school twitter account, 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) |  |
| Image to be used in printed school publications (for example, newsletter, prospectus) |  |
| Image to be used on the school website, school twitter account and in the local media  |  |
| Image to be taken by, or used in circulation to, other parents (for example, school events) |  |

**Communication**

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

|  |  |
| --- | --- |
| Phone |  |
| Email |  |
| Text message |  |

***Please indicate whether you have been given a copy of the following policies/agreements by ticking the box on the right-hand side; and sign and date the form on the last page.***

|  |  |
| --- | --- |
| I have been given a copy of the school’s safeguarding policy  |  |
| I have been given a copy of the school’s behaviour policy and will support the school in the implementation of the policy |  |
| I understand that High Well School staff are trained in the use of restraint and that this is part of the behaviour policy |  |
| I have been given a list of school uniform requirements and agree to send my child to school in the correct uniform |  |
| I will ensure my child attends school regularly, on time and inform the school of any absence |  |
| I will ensure my child adheres to the school’s mobile phone policy |  |
| I will attend termly pupil progress days and annual review meetings to discuss my child’s progress |  |
| I have been given a copy of Wakefield’s Home School Transport Agreement |  |
| I have been given a copy of the school’s acceptable ICT use policy |  |

***Please sign and date the form:***

**Signed: ................................................................................ Date: ....................**

**Witnessed by:**

**Signed: ................................................................................ Date: ....................**