



Enquiry – Resilience – Adaptability – Thoughtfulness – Respect – Cooperation – Communication – Morality

Parental Consent Form

Information (Date)

Pupil

Pupil Name	
Class	

Parent/carer

Name	
Relationship to Pupil	

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. For information on how the school uses your data please view the school’s privacy notices on our website, www.boothferryprimary.co.uk/gdpr or ask at the school office for a copy of the notice.

Use of information and image (including photographs and video recordings)

I give my permission for my child’s:

Image (not named) to be used on the school website and social media (Twitter, Facebook, Instagram)	
Image (not named) to be used in the external media, e.g. Local newspaper press release	
Image to be used in and around the school site as part of school wall displays/class activities	
Image to be included in the School’s annual formal class/whole school photographs	
Image to be used in the wider marketing materials used by the school including the school prospectus	

On-site Activities

I give permission for my child to:

Use the internet in line with the school’s acceptable usage policy	
To watch PG films	
Take part in food preparation/cooking and tasting activities	

Please outline any food allergies/specific dietary requirements:

.....



Head Teacher. Mr Mike Sibley
 Deputy Head. Mr Steven Capewell
 Assistant Head. Miss Emily Ware
 boothferryprimary@eastriding.gov.uk
 www.boothferryprimary.co.uk
 @boothferryPS



Enquiry – Resilience – Adaptability – Thoughtfulness – Respect – Cooperation – Communication – Morality

.....

Off-site activities

I give my permission for my child to take part in:

Supervised visits/walks/sports events to local destinations (within 5 miles) away from the main school site	
Supervised one-day non-residential visits within the UK (These would still be subject to standard school letter/permission slips)	
Supervised Swimming off site (Goole Leisure Centre) Year 4 & 5	

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 shred 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:

.....

.....

.....

.....

.....



Head Teacher. Mr Mike Sibley
 Deputy Head. Mr Steven Capewell
 Assistant Head. Miss Emily Ware
 boothferryprimary@eastriding.gov.uk
 www.boothferryprimary.co.uk
 @boothferryPS

Boothferry Primary School
Newport Street
Goole
DN14 6TL
01405 762151



Enquiry – Resilience – Adaptability – Thoughtfulness – Respect – Cooperation – Communication – Morality

Communication

I will update the school of any change in contact details including mobile and home telephone numbers.

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.....



Head Teacher. Mr Mike Sibley
Deputy Head. Mr Steven Capewell
Assistant Head. Miss Emily Ware
boothferryprimary@eastriding.gov.uk
www.boothferryprimary.co.uk
@boothferryPS