



Great Missenden C of E Combined School

Parental Consent Form

Please tick the boxes to give your consent. If you wish to withhold consent, please note this on the form.

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| <p>Medical/Dental Treatment</p> <p>I agree that if my child urgently requires medical/dental treatment during the school day or during an out of school activity and it is not possible to contact me or any other person with parental responsibility for my child, the teacher in charge at the time is authorised to give consent on my behalf</p> | <input type="checkbox"/> |
| <p>Off-site Visits</p> <p>I understand that my child may leave the school premises for local visits (e.g. to the church or library) or at other times (non local visits) when I will be informed separately by letter. I give consent for these occasions.</p> | <input type="checkbox"/> |
| <p>Photos/Videos/DVDs/Website</p> <p>Occasionally photographs may be taken or videos/DVDs made at school which include your child. These may be out on the school website, to illustrate the range of activities enjoyed by the children. The local press also come into school to record events. Do you give consent for your child to be included in photographs and videos/DVDs made in school as part of a group activity, and possibly posted on the school website?</p> | <input type="checkbox"/> |
| <p>Contact Pyramids</p> <p>When a class or year group is away on a school visit, it is important for the school to be able to relay messages to parents quickly if necessary. We produce class/year group contact pyramids for this purpose, which include parents' telephone numbers. I agree that my contact telephone number/s may be circulated as part of an emergency procedure.</p> | <input type="checkbox"/> |

Child's name: Class/Yr Group:

Parent's signature:..... Date:.....

Comments:

