



## PARENTAL CONSENT FORM

### PUPIL

Full Name	
Date of birth	

### PARENT / CARER

Name	
Relationship to pupil	
Address	
Mobile	
Email	

*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 child to:	
Use the internet in line with the school's acceptable usage policy	
View films and video clips rated PG	
Take part in food preparation/cooking and tasting activities	

### MEDICAL CONSENT

I give my permission for my child 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	
Plasters to be applied to my child	
My child to use anti-bacterial hand gel	
My child to be assisted in applying sunscreen if necessary	

## 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	

*Please make sure that any individuals whose details you put down here are aware you have done so.*

### 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.*

***If your child's circumstances change you must inform the school.***

*Please sign and date the form before returning it to school or emailing to [office@theflaghsipschool.org.uk](mailto:office@theflaghsipschool.org.uk)*

Print: ..... Signed: ..... Date: .....