

## PARENTAL CONSENT

pupil name (block capitals)	
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### OUTSIDE AGENCY INVOLVEMENT

Throughout your child's time at school it may be necessary to share information with other relevant professionals. This will always be done in consultation with parents. This information may be held electronically by the provider.

I give my permission for information about my child to be shared with outside agencies as appropriate.

signature: ..... date .....

### LOCAL EDUCATIONAL VISITS

During your child's time in this school there will be educational visits for which your permission will be sought in writing. There are other occasions however, when we would like to have blanket consent to take your child out of school under school staff supervision. These will be walking visits within a mile radius of the school, eg to the church, recreation ground etc. These types of visit will be more spontaneous according to the weather.

I give my permission for my child to go on local walking visits during his/her time at St Peter's C of E Primary School.

signature: ..... date .....

### INTERNET USE AT SCHOOL

Our Internet Service Provider ensures that we run a filtered service on our network. All children are supervised when working on computers within the school.

I give my child permission to use the internet during his/her time at St Peter's C of E Primary School.

signature: ..... date .....

### TAKING, STORING AND USING IMAGES OF CHILDREN

Throughout the year children are photographed regularly by staff and the photographs are displayed in and around the school. All our photographs are stored securely on the computer network. On occasions, photographs will be selected for publicity use in the newspaper, on our school website or on our media accounts. *Please note that children's full names are never used in the media or on the internet.*

	YES	NO
I'm happy for the school to take photographs of my child		
I'm happy for photos/videos of my child to be used on internal displays		
I'm happy for photos/videos of my child to be used in school publications (eg newsletter)		
I'm happy for photos/videos of my child to be used on the school website		
I'm happy for photos/videos of my child to be used on the school social media		
I'm happy for photos/videos of my child to be used by local newspapers		

signature: ..... date .....

### COOKERY CURRICULUM

Children learn in small groups and follow a structured programme over five or six weeks. We are focussing on preparing a range of recipes and these have been planned to follow the appropriate skills progression for each age group.

I give my permission for my child to take part in cookery during his/her time at St Peter's C of E Primary School.

Please indicate if your child has any special dietary requirements or food allergies/intolerances

YES	NO
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signature: ..... date .....

### NON-PRESCRIBED MEDICATION

I give permission for a member of staff to administer non-prescribed medication (paracetamol or antihistamine) to my child, if deemed necessary. The school will always contact you before administering any medicine.

signature: ..... date .....