



SOUTH YORK MULTI ACADEMY TRUST

FULFORD SCHOOL

Parent and Carer Consent Form

One form must be completed **for each child**

Pupil Details			
Pupil Name			
Form		Pupil DOB	

Parent/Carer 1	
Name	
Relationship to pupil	
Address	
Home Phone	
Work Phone	
Mobile Number	
Email	

Parent/Carer 2	
Name	
Relationship to pupil	
Address	
Home Phone	
Work Phone	
Mobile Number	
Email	

CONSENT OPTIONS

<i>For each item, please indicate your consent by ticking either Yes or No:</i>	Yes	No
Activities		
Supervised visits/sports events to local destinations away from the main school site		
Supervised one-day non-residential visits within the UK (These visits would still be subject to standard school letter/permission slips)		
Medical		
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 shared with the NHS and other relevant health professionals to administer required medical treatment. If yes please provide your child's GP's details: GP's Practice: GP's Telephone number:		
Staff to administer prescription medicines, as specified on signed medication forms and in line with the school's medicines policy		
Information and Images (including photographs and video recordings)		
Child's image to be used as part of school wall displays/class and in-school activities		
Child's image (not named) to be used on the internet (including school website, Twitter and Facebook)		
Child's image (not named) to be used in external media, e.g. Local newspaper press release		
Child's image to be included in the School's formal class/whole school photographs (external photographer)		
Child's name and number of qualifications (not grades) to be used in external media e.g. local newspaper relating to GCSE and A level qualifications.		
Child's name, information and post-16 destinations to be used in internal presentations for school activities and school awards		
Child's image to be included in the School's formal individual photographs (external photographer)		

Personal Images (e.g. images taken by families during school performances / sports events)

The Information Commissioner's Office classes such images as 'personal use' and do not cover them within GDPR regulations. As a school, we remind all visitors that **such images must remain personal** and should not be shared widely (including via social media). We would also request that anyone undertaking any photography of this nature respects the views and wishes of other parents and students. Further information is available via: <https://ico.org.uk/for-the-public/schools/photos/>

EMERGENCY RELEASE CONTACTS

I give my consent for my child to be released to the following person(s) in the event of emergency or illness, if I/we cannot be contacted. I can confirm that the nominated person/people is/are aware that I have submitted this information: YES NO

Emergency Release Contact 1	
Name	
Relationship to pupil	
Address	
Home Phone	
Work Phone	
Mobile Number	

Emergency Release Contact 2	
Name	
Relationship to pupil	
Address	
Home Phone	
Work Phone	
Mobile Number	

For each item, please indicate your consent by ticking either Yes or No:	Yes	No
Non-Statutory Communication (e.g. newsletters / updates)		
School may contact me via Email		
School may contact me via Telephone		
School may contact me via SMS Text Message		
School may contact me via Post		
Non-Statutory Information Sharing		
Parent/carer contact information may be shared with our home-school communication company (currently Group Call) – N.B. this will be required to communicate most text information		
Parent/carer contact information may be shared with our Parent-Teacher Association		

- The information in this form will be used throughout your child's time at school.
- You may withdraw your consent at any time by informing the school Office Manager in writing via office@fulford.york.sch.uk or South York MAT Fulford School Fulfordgate Heslington Lane Fulford York YO10 4FY.
- Please sign and date the form before returning it to the school office.
- Please ensure that **all** legal parents/carers sign and date the form below. Should this be problematic, please contact the school office.

Signed		Date	
Name			

Signed		Date	
Name			