COLMERS FARM PRIMARY SCHOOL PERMISSION FORM

| NAME OF CHILD CLASS | CLASS | | |
|--|--------------------|-----|----|
| We will not, under normal circumstances, name any child who appears in a photograph or video recording, but should there be an occasion where it might be necessary to name a child for receiving a prize for example, we will seek your permission first. | | | |
| We also ask that our parents do not upload any images of Colmers Farm Primary School Children on to the internet that may have been taken during school activities. | | | |
| Please indicate below whether you consent to the f | ollowing: | Yes | No |
| Administer First Aid | | | |
| Consent to check eligibility for free school meals. (If yes please complete the below information) Parent National Insurance Number: Parent Date of birth: | | | |
| Contact a medical professional in case of an emergency | | | |
| Data exchange (used to set up school login information and intern | al school systems) | | |
| Internet access | | | |
| Individual student photograph to be taken | | | |
| Group class photograph to be taken | | | |
| Permission to use photographs for display purposes around school | | | |
| Permission to use photographs on the school website | | | |
| Permission to use photographs in the school newsletter | | | |
| Permission to use video recordings for training purposes | | | |
| Permission to use video recordings for the school website and schechannel | ool YouTube | | |
| Permission for your child to take part in age-appropriate Sex and Education | Relationship | | |
| Permission to leave school unaccompanied by an adult (Year 6 on | y) | | |
| Permission to use emergency medication in school such as Ventoli auto injector (EpiPen) if applicable to your child's medical condition | - | | |
| Signed parent/carer | | | |
| Name of parent/carer | | | |
| Data | | | |

Please return this completed form to your child's class teacher or the main office — it is vital we have this form completed and returned for each child.