**Ibstock School - Consent form**

The consents you give will last for the duration of your child’s time at our school.  However, if you wish to change any of the authorisations during this time, please use the appropriate form available on the school website: <https://www.lifemultiacademytrust.org.uk/gdpr/>

**Photographs, Video and Media**

|  |  |  |
| --- | --- | --- |
| ***Please tick as appropriate*** | **Yes** | **No** |
| May we use your child’s photograph in printed publications that we produce for promotional purposes such as a prospectus. |  |  |
| I give consent for my child’s image to be used on the school website and school social media |  |  |
| I give consent for my child and their details to appear in the media. (for example in the local press, radio or TV) |  |  |
| Are you happy for your child to appear on Social Media sites used by the school e.g. X, Instagram and Facebook? |  |  |
| Do you consent for your child’s name to be released for publication such that they may be identified as an individual or as part of a small group? For example, raising money for charity that is recognised in the local media. |  |  |
| I give consent for my child to be photographed for school group photos, that may be sent out and then bought by other families who have children in the photo. |  |  |
| I give consent for a professional photographer to take photographs and release to my family for sale. The photographer would have possession of the photos on their equipment, not school equipment. |  |  |
| Are there any reasons why your child cannot participate in events and performances that may be recorded or photographed and shared with the school community? If yes please contact school to explain your concerns. |  |  |

**Medical**

|  |  |
| --- | --- |
| Doctors Practice |  |
| Doctors Name |  |
| Telephone Number |  |
| Does your child suffer from any health problems, if so please give details. (Please indicate any special treatment)  |  |
| Permission to contact Doctor  | Yes/No (Please delete if appropriate) |
| Do you give consent for us to contact other professionals who are involved with your child? | Yes/No (Please delete if appropriate) |
| Names and contact numbers of any professionals involved with your child, for example health visitors, speech therapists. If you provide these details we will contact them, letting you know of any approach we make.  |  |
| Please give details of any other problems/concerns of which the school should be aware to enable us to support your child. If you provide these details we will contact them, letting you know of any approach we make. |  |
| Please give details of any special requirements/medical conditions of parents/carers regarding access to the building or accessing information |  |

**School Trips & Off-Site Visits**

When making arrangements for school trips it is necessary to share information about your child with the venue, accommodation and transport providers for legal and safeguarding reasons. If travelling overseas this will also include immigration control.

Details about your child may be required by insurers.

**For trips outside the UK**

Whilst pupils are outside the UK school staff and those supervising, travelling or arranging travel or accommodation may communicate with parents and carers using the contact information provided. At times this may be using mobile communications, social media or other methods that may require data to be stored or travel outside of the approved EU locations. We believe that keeping parents and carers informed about the wellbeing of their children must be the priority. Data sharing in such cases will be limited to what is necessary.

|  |  |  |
| --- | --- | --- |
| ***Please tick as appropriate*** | **Yes** | **No** |
| I give consent for school to take photographs of my child whilst on school trips. |  |  |
| I give consent to school/college to take video and media footage of my child whilst on school trips |  |  |

Please ensure Arbor is up to date with any medical information that we need to be aware of (e.g. medication, access arrangements, illness, treatment, health problems, dietary needs or allergies)

**School Work & Celebrating Successes**

|  |  |  |
| --- | --- | --- |
|  ***Please tick as appropriate*** | **Yes** | **No** |
| I give consent for school to share details of my child’s sporting activities for fixtures and achievements in school and in publications |  |  |

**Internet Use**

As part of the school’s IT provision we offer students access to the internet and email facilities. Our internet service provides a high level of protection and we audit student use. Students are required to give written agreement to be bound by the terms.

|  |  |  |
| --- | --- | --- |
| ***Please tick as appropriate*** | **Yes** | **No** |
| As the parent or carer, I give permission for my child to use electronic mail and the internet. I understand that students are held accountable for their own actions. |  |  |

**FSM and PP**

|  |  |  |
| --- | --- | --- |
| ***Please tick as appropriate*** | **Yes** | **No** |
| I give consent for school to use my details, including National Insurance number, to check eligibility for Free School Meals and/or Pupil Premium |  |  |
| I consent to the school to retain this information on file to continue to monitor eligibility |  |  |

**School News Updates**

|  |  |  |
| --- | --- | --- |
| ***Please tick as appropriate*** | **Yes** | **No** |
| I wish to be kept informed about school news and events and receive the newsletter and similar notifications  |  |  |
| I consent to the school contacting me via the Arbor app for the purpose of school information and reminders. I will ensure that I keep the school informed of my up to date email address and mobile number at all times, or if the number is no longer in my possession |  |  |

(PLEASE NOTE: WE CANNOT ACCEPT INCOMING TEXT MESSAGES.)

**Biometrics**

Ibstock School uses an automated, electronically operated recognition system to allow your child to purchase food and drink from school. The information from your child is referred to as ‘biometric information’. Under the Protection of Freedoms Act 2012, we are required to notify each parent of a child and obtain the written consent of at least one parent before being able to use a child’s biometric information for an automated system.

We use the finger scanning method, which measures a number of reference points on the thumb and then turns this information into a pin number. All the information is stored on a secure system and no images of the actual fingerprint are stored

|  |  |  |
| --- | --- | --- |
| ***Please tick as appropriate*** | **Yes** | **No** |
| I give consent to information from the finger scan of my child (named above) being taken and used as part of an automated biometric recognition system for access to cashless dining facilities, library and in school ICT services. I understand that I can withdraw this consent at any time in writing. |  |  |

**Third Parties at School**

|  |  |  |
| --- | --- | --- |
| ***Please tick as appropriate*** | **Yes** | **No** |
| I give consent to the school that they can share information about my child with organisations such as the Duke of Edinburgh scheme |  |  |

**Emergency school closure (during the school day)**

Very occasionally, we may need to take the decision to close the school during the day due to inclement weather or for other unexpected emergencies.

When this is the case, the school will do the following:

* contact parents by email / text to advise them of the closure
* update the school website regularly to keep parents informed of the situation
* students who normally travel on a school bus or taxi will be sent home early as soon as the buses have arrived
* students who normally walk home will be allowed to leave site as soon as they have been registered

If you have any concerns about these arrangements, please contact us to discuss this further.

**Signature of parent / carer with parental responsibility:**

**Parent / carer name (please print):**

**Signature of student:**

**Student name (please print):**

**Date**

**………………………………………………………………………….**