

PARENTAL CONSENT AND MEDICAL INFORMATION FORM
(FOR THE DURATION OF YOUR CHILD'S TIME AT SCHOOL)

NAME OF PUPIL: _____ CLASS: _____ DOB: ___/___/_____

Please read and complete **both** sides of this form by ticking the boxes. It is important that you keep the school up to date with all information. The school uses this information to keep all of our records up to date.

I give permission for the following and agree to notify the school should I wish to revoke it:

| Section 1 – Data Protection and Transport | Yes | No |
|---|------------|-----------|
| My child may be taken on educational trips by foot, minibus, bus (including public buses which do not have seatbelts), in the cars of other parents / teachers (where adequate insurance is in place and booster seats are provided if necessary) in connection with schoolwork or sporting events. | | |
| Photographs of my child may be displayed within the school building along with their name. | | |
| Photographs of my child may be displayed in school publications, along with their name and class. | | |
| Photographs of my child may be displayed on the school website. I understand that in these situations my child's photograph may be accompanied by their full name along with other information such as their class. | | |
| Photographs of my child, along with their full name and the school name, may be displayed on the school's social media outlets to highlight achievements and activities in which they are involved. | | |
| I consent for my child's photograph, along with their full name and the school name, to be displayed in the press and / or on TV. It will not be possible to remove posts. | | |
| I consent for my child's photograph to be taken at the Crucial Crew event (Year 6 pupils only). These photos will be sent to the school and will be displayed, possibly including their name, on the school website until the following summer holiday. | | |
| My child can be videoed during school events / plays (this can be used for school information / educational events if necessary). This will be kept for archive purposes as part of the history of the school. | | |
| My child can watch excerpts of films certified as 'PG' or 'U' during school hours. | | |
| I consent for my child's name, date of birth, and postcode to be shared with the Dental Service, a Division of the DHSC, to enable a dental survey across the Island to be completed, if required. An information sharing agreement has been put in place to cover what happens to the information and who has access. | | |
| I consent for my child's name, date of birth, current address, previous address, current school and previous school if applicable be shared with Community Nursing a division of the the Department of Health (DHSC) so that their services may be accessed to enable equitable access to Health Services as per statutory provision. An information sharing agreement has been put in place to cover what happens to the information and who has access. | | |
| I consent for my mobile phone number to be used by an online SMS system in our Management Information System, Arbor, to receive texts from school. | | |
| Section 2 – Going home from School | Yes | No |
| My child will make his / her own way home by walking / catching school bus. | | |
| My child will be collected from school – I will notify school on occasions where this arrangement is different. | | |
| Section 3 – Medical Information (please indicate on a separate page for each question in Section 3) | Yes | No |
| Does your child have allergies (severe reactions - medically diagnosed) that the school needs to know about? <i>Please indicate on a separate page.</i> | | |
| Does your child have asthma requiring the use of an inhaler? | | |
| Does your child have a medical condition that the school should be aware of? | | |
| Does your child take regular medication at home that the school should be aware of? | | |
| Does your child have any hearing difficulties? | | |

| | | |
|---|------------|-----------|
| Does your child have any speech / language / visionary difficulties? | | |
| Is your child up to date with immunisations and what was the last date of the tetanus? Date: | | |
| Members of staff may apply plasters to my child should they be required | | |
| Any other medical condition? E.g. Epilepsy / Diabetes | | |
| Section 4 – Remote learning and IT | Yes | No |
| Google apps and Google classroom | | |
| Tapestry Tapestry allows us to make observations for your children where we can attach photos and videos, as well as include assessments which we can use to track children’s development and progress. Tapestry securely stores all the data we input to our account on their servers. If you want to find out more information about how Tapestry keeps our data safe and secure, please visit https://tapestry.info/security.html . | | |
| Permission to access remote learning (live lessons and assemblies) via Zoom (see risk assessment on school website) | | |
| My child has easy access to a safe device and the internet at home in order to take part in remote learning | | |
| Consent for use of apps/services in the school (see privacy notice on school website) | | |
| Section 5 - Other agreements | Yes | No |
| I hereby agree to my child participating in recognised activities off the school / centre site but on the Island, for example, environmental studies, swimming, joint activities with other schools, etc. I understand that: <ul style="list-style-type: none"> such activities will not often extend beyond the school day, but if they are likely to do so, adequate advance notice will be given so that appropriate arrangements can be made for his / her safe return home; my specific permission will be sought for any out-of-school activities beyond those outlined above and which could involve commitment to extended journeys or times, expense or hazards; all reasonable care will be taken of my child in respect of the activity / visit; my child will be under an obligation to obey all directions given and observe all rules and regulations governing the visit / activity and will be subject to all normal school discipline during the visit / activity; any medical condition or physical disabilities will be notified to the school now and as and when they arise; all pupils are covered by the Department’s third party public liability insurance in respect of any claim arising from an accident caused by a defect in the school premises, equipment, or attributable to negligence by the Department or one of their employees. | | |

DATA PROCESSING

As a member of a school community it is necessary to process your information but this will only be done in accordance with Data Protection Principles. To understand how the Department of Education, Sport and Culture obtains and processes information please refer to the Department’s Privacy Notice on <https://www.gov.im/about-the-government/departments/education-sport-and-culture/data-privacy-notice/#accordion>

The information you provide, that is obtained from other relevant sources, such as registers, letters you send in, forms etc. will be treated confidentially and used by your child(s) school to fulfill its legal / statutory obligations. Elements of this information may also be shared with trusted third parties who support the school in the delivery of their statutory requirements, where necessary to confirm factual information provided by you, to protect public funds, including the prevention and detection of fraud and / or otherwise required by law.

I have read and understood the above information. Signature _____ Date: _____