

**Uffculme
School**



Consent Documents

Name of Child _____

DOB _____



Intimate Care / Personal Care

This will include changing wet and soiled pads (menstruation), changing soiled clothing, washing and personal care.

Parents and Carers are required to give permission to the school to provide any required intimate care support to their child e.g. such as changing pads, soiled clothing, washing, toileting (i.e. not for PE).

Where required, parents/carers will be invited to school to discuss intimate care, and to formulate an intimate care plan.

Parents and Carers should advise the head teacher of any medical complaint their child may have which affects issues of intimate care.

Please read the Personal Care policy which is available on the school website.

Please ensure nappies/pads are sent into school if/when required.

I give / I do not give permission for my child to receive intimate care as appropriate/required.

Signed _____ Date _____

Printed _____ Relationship to Child _____

Responsible Use of the Internet

As part of the curriculum at Uffculme School students will be offered access to the internet. This facility will be monitored at all times by members of staff. However, before we can allow students to do this we must obtain parental permission.

The internet contains a variety of resources, which can support and enhance student's learning across the curriculum. Prior to the pupils accessing these resources the teachers will have evaluated them. We also have a policy, which outlines the measures we will take to ensure that our students do not come into contact with inappropriate materials, but will use the internet to further their educational and personal skills and abilities. We teach our students to understand and follow safe practices where appropriate.

We firmly believe that the positive benefits of the Internet far outweigh any disadvantages. However, we also respect the right of each family to decide whether they wish to allow their child access to the internet.

I give / I do not give permission for my child to have access to the internet.

Signed _____ Date _____

Printed _____ Relationship to Child _____



Consent to apply sun cream

If you would like the staff to apply sun cream to your child during outside activities (if appropriate) please send a bottle marked with your child's name and provide consent.

I give / I do not give permission for school staff to support students in applying sun cream.

Signed _____ **Date** _____

Printed _____ **Relationship to Child** _____

Educational Visits

All students have opportunities to go on short visits throughout their time at Uffculme School linked to the National Curriculum.

These visits may include trips out into the local environment e.g. sporting venues, libraries, shops, woodlands, places of worship, museums and farms.

For all of these trips the students will generally return to school by the end of the school day.

I give / I do not give permission for my child to participate in educational visits which are part of the daily curriculum.

Signed _____ **Date** _____

Printed _____ **Relationship to Child** _____

School Policies and Notices

All school policies, including our Safeguarding Policies and those mentioned above, can all be found on our school website: www.uffculme.org.uk.

I acknowledge that I can find and read school policies on the school website

Signed _____ **Date** _____

Printed _____ **Relationship to Child** _____

Consent to take photos/videos of your child

We sometimes take photographs of pupils. We use these photos to help us to give people an idea of what life at our school is like, for example in the school newsletter and on the school website.

Please tick the relevant boxes below if you give consent for each statement. If you do not give consent for a statement please leave the box blank. If you do not give consent for any of the statements, please tick the final box.

Use of photos/videos	Tick to give consent
I am happy for the school to take photos of my child.	
I am happy for photos of my child to be used in internal displays.	
I am happy for my child's first name to be used alongside photos in school.	
I am happy for photos of my child to be used on the school website.	
I am happy for my child's first name to be used alongside photos on the school website.	
I am happy for photos of my child to be used in the school newsletter.	
I am happy for my child's first name to be used alongside photos in the school newsletter	
I am happy for photos of my child to be used in printed school materials, for example, the school prospectus.	
I am happy for photos of my child to be used in the media, for example local newspapers.	
I am happy for my child's first name to be used alongside photos in the media.	
I am happy for photos of my child to be used on social media, for example Twitter.	
I am happy for my child's first name to be used alongside photos on social media	
I am happy for the school to take videos of my child.	
I am happy for the school to use photos/videos of my child for promotional purposes, such as on the school website.	
I am happy for my child's first name to be used alongside photos and videos promotional purposes, such as on the school website.	
I am happy for the school to use photos/videos/DVDs of school productions/educational visits and other events to be shared with other families/on school website/ and school publications	
I am happy for my child's first name to be used on photos/videos/DVDs of school productions/educational visits and other events to be shared with other families/on school website/ and school publications.	
I am NOT happy for the school to take or use photos or videos of my child.	

Signed _____ Date _____

Printed _____ Relationship to Child _____



TV/Press Consent

The school maintains a high level of pastoral care of all pupils. From time to time events occur at school, or children attend events to which the press and / or TV are invited. It could therefore happen that your child could appear in a newspaper photograph or television item.

In order to avoid any offence to parents not wishing this to happen, would you please complete the consent statement below. We can then make any necessary arrangements on these occasions.

I give / I do not give consent for my child to appear in a newspaper or television item.

Signed _____ **Date** _____

Printed _____ **Relationship to Child** _____

Parent/Carer Acceptable Use Agreement

Digital technologies have become integral to the lives of children and young people, both within schools and outside school. These technologies provide powerful tools, which open up new opportunities for everyone. They can stimulate discussion, promote creativity and stimulate awareness of context to promote effective learning. Young people should have an entitlement to safe internet access at all times.

The Acceptable Use Policy is intended to ensure:

- that young people will be responsible users and stay safe while using the internet and other communications technologies for educational, personal and recreational use.
- that school / academy systems and users are protected from accidental or deliberate misuse that could put the security of the systems and users at risk.
- that parents and carers are aware of the importance of online safety and are involved in the education and guidance of young people with regard to their on-line behaviour.

The school will try to ensure that students will have good access to digital technologies to enhance their learning and will, in return, expect the *students / pupils* to agree to be responsible users. A copy of the Student / Pupil Acceptable Use Policy is attached to this permission form, so that parents / carers will be aware of the school expectations of the young people in their care.

Parents are requested to sign the permission form below to show their support of the school in this important aspect of the school's work.

Parent/Carer Permission Form

Parent / Carers Name:.....

Student / Pupil Name:.....

As the parent / carer of the above student, I give permission for my son / daughter to have access to the internet and to ICT systems at school.

Either: (KS2 - 5)

I know that my son / daughter has signed an Acceptable Use Agreement (where appropriate) and has received, or will receive, online safety education to help them understand the importance of safe use of technology and the internet – both in and out of school.

Or: (KS1/EYFS)

I understand that the school has discussed the Acceptable Use Agreement with my son / daughter (where appropriate) and that they have received, or will receive, online safety education to help them understand the importance of safe use of technology and the internet – both in and out of school.

I understand that the school will take every reasonable precaution, including monitoring and filtering systems, to ensure that young people will be safe when they use the internet and systems. I also understand that the school cannot ultimately be held responsible for the nature and content of materials accessed on the internet and using mobile technologies.

I understand that my son's / daughter's activity on the systems will be monitored and that the school will contact me if they have concerns about any possible breaches of the Acceptable Use Policy.

I will encourage my child to adopt safe use of the internet and digital technologies at home and will inform the school if I have concerns over my child's online safety.

Signed _____ **Date** _____

Printed _____ **Relationship to Child** _____

Name of Child:	D.O.B:	Name and Contact Details of Prescribing Doctor (GP/FTB/CAMHS/PAEDIATRICIAN):
Name of Parent/Carer:		
PLEASE IDENTIFY THE DIAGNOSIS and NEED FOR MEDICINE TO BE GIVEN IN SCHOOL		
Medicines to be give 3x a day will not be taken in school unless absolutely necessary AND a specific time is identified on the prescription label		
Asthma (diagnosed and with inhaler) Y / N - Triggers include: Consent for school emergency inhaler: Y / N		ADHD Y / N
Allergies: (please identify): Antihistame prescribed: Y/N Epipen/Emerade/Jext prescribed: Y / N Consent for school emergency Epipen: Y/N		Diabetes – Type 1 (Insulin required) Y / N Other:

My child requires the medicine detailed below during the school day. I consent for school staff to administer the following medication in accordance with the school medication policy and for this information to be shared with those staff who care for my child and therefore may need to know the following details.

Name of medication <i>(as described on the container)</i>	Reason for medication.	Date of Expiry	Strength	Dose to be given e.g. 1 x 5mg tablet	Time to be given	How to be given e.g. spoon / oral syringe/spacer	Pupil/student administer themselves? Y/N	Any other information or instructions	Procedures to take in an emergency

The above information is, to the best of my knowledge, accurate at the time of writing. I understand that I have the responsibility to inform the school nurse and school immediately, **in writing**, if there is any change in dosage or frequency of the medication and to provide the appropriate medication for school (see overleaf point 4).

Signature of parent / carer **Date** **Name of parent / carer.....(please print)** PLEASE SEE OVERLEAF

PARENT INFORMATION SHEET – PLEASE KEEP THIS SHEET AT HOME FOR YOUR INFORMATION

A new medication consent form needs to be completed and returned to school at the beginning of each academic year. Medication will **not** be given without this consent.

A few important points to remember regarding the administration of medication in school:

1. Written consent on the form overleaf (supplied by school) must be given by a person with parental responsibility.
2. A new form is required each time there is a change to your child's medication.
3. Details on the consent form must be completed by the person signing the form. It is extremely important that
4. Medication sent in to school must be:
 - In its original container and in date
 - Clearly labelled with:
 - Child's name
 - The name of the medication
 - The strength of the medication
 - The amount of medication, e.g. number of tablets / mls in the bottle
 - The dose to be given and how often. **"AS DIRECTED" is not acceptable**
 - The date it was dispensed
 - The expiry date

This information should be printed on a label by the pharmacist and **each** box or bottle must be labelled.
5. Only medication prescribed by a doctor can routinely be given in school.
6. **All medication for school must be handed to your child's bus guide / taxi escort** (if your child is on home / school transport) **or school office staff** and **Not** put in your child's school bag.

NB Please remember to inform school if you have given your child paracetamol or a product containing paracetamol before coming to school.

If you have any queries / concerns please do not hesitate to contact the school nurse or Deputy Heads, who will be happy to answer your questions.

Thank you for your co-operation.