



**Ysgol Gymraeg Llundain / *London Welsh School***

**Parental Consent Form**

Information (Date).....

<b><u>Pupil</u></b>	
Name	
Year	
Class	

<b><u>Parent/Carer</u></b>	
Name	
Relationship to pupil	
Address	
Phone	
Mobile	
Email	

Please indicate whether you have given your consent in each case by ticking the box on the right-hand side; and sign and date the form on the last page.

**On-site activities**

*I give my permission for my child to:*

Use the internet in line with the school's ICT: Acceptable Use Policy	
Take part in food preparation/cooking and tasting activities	

*Please outline any food allergies/specific dietary requirements:*

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**Off-site activities**

*I give my permission for my child to take part in:*

Supervised visits/sports events on Hanwell Community Centre Site and within the local vicinity (within 2 miles)	
Supervised one-day non-residential visits within the UK (These would still be subject to standard school letter/permission slips)	
Supervised Swimming off site (Gurnell Leisure Centre) (These would still be subject to standard school letter/permission slips)	

**Medical consent**

*I give my permission for:*

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	
Plasters to be applied to my child	
Staff to administer the medicines as specified on signed medication forms	

*Please outline any medical conditions/allergies:*

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## Emergency release

*I give my consent for my child to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted:*

<b><u>Person 1</u></b>	
Name	
Address	
Relationship to pupil	
Contact number	

<b><u>Person 2</u></b>	
Name	
Address	
Relationship to pupil	
Contact number	

**Use of information and image (including photographs and video recordings)**

*I give my permission for my child's:*

Image to be used as part of school wall displays/class activities/learning journeys/journals.	
Image (not named) to be used on the school website and social media	
Image (not named) to be used in external media, e.g Local newspaper press release	
Image (not named) to be used for school marketing purposes, e.g. open morning posters, school prospectus and information leaflets about the school.	
Image to be included in the School's annual formal class/whole school photographs	
Image to be included in the School's annual formal individual photographs	
Image to be used in communication with international pen pals	
Named work to be displayed around the school on wall displays	
I give permission for my child to be photographed at open school events (onsite) e.g. school concerts and open assemblies.	

**Communication**

*I give my permission for the school to contact me via:*

Phone	
Email	
Text message	

*Please state which e-mail address(es) you give permission for school information/newsletters to be sent to:*

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*The information in this form will be used throughout your child's time at school. You may withdraw your consent at any time by contacting the school.*

*Please sign and date the form before returning it to the School Office.*

Signed: .....

Name: .....

Date: .....