

Seaburn Dene

Primary School

HEADTEACHER : MR J K HOWE

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Dear Parents/Carers

CONSENT FORM - 2024/2025

We need to obtain permission from you regarding your child for the following:

Approval Regarding Visits Out of School

Each visit a child makes out of school requires parents/carers to give their approval for their child to participate. Such approval is necessary even if the class are walking to places in the locality. In past years, this has often resulted in lots of letters having to be sent out, to be signed and returned by parents, replies collated, mislaid letters re-sent and perhaps last-minute phone calls to parents if replies have not been received. This all takes considerable staff time. **We are therefore asking you to give approval for those visits which are walked to in the local area.** This could include, for example, Sea Road shops, Fulwell Library, the seafront and Mere Knowles Cemetery. **Parents would then still be notified of visit details via Class Dojo,** including anything that may be especially needed, but not have to return a consent form each time. Each visit would have appropriate supervision and parents are always very welcome to join such visits. **A separate consent form may still be required for visits involving transport and/or perhaps a request for a voluntary contribution to assist with funding the visit. These will be sent out as required.**

Approval to Administer Basic First Aid

Schools are required to obtain permission from parents to administer basic first aid for minor injuries such as cuts and scrapes. Teachers always carry first aid kits on all school trips. In order to use these safely we, as teachers, need to know if your child has any allergies to plasters, bandages, sterile wipes etc. We are therefore asking you to give your consent to staff administering basic first aid on a school trip, as well as administering plasters in school should the First Aider feel this is appropriate. If your child sustains any injury that requires emergency treatment you will be contacted and a doctor/ambulance called as necessary. We are also asking for parents to inform class teachers of any medical conditions your child has, for example asthma, food allergies, wasp/bee sting allergies and to inform us of any changes.

Approval to Participate in Food Activities and Information Regarding Allergies

Some activities in school may involve the handling and sampling of food. We need to know if your child has any specific food allergies which would either limit or prohibit his/her participation in such activities.

Approval to Video/ Photograph Your Child(ren)

In school we are proud of our children and enjoy celebrating their achievements. Sometimes we invite the press into school and we are very excited if we appear in a local newspaper. Parents particularly enjoy taking videos of school assemblies and plays. These recordings will become historical evidence for the children of the future as well as being an enduring part of each family's record of their child's schooldays. Sometimes the companies we use take photographs and videos for their own promotional and training material. The Governing Body have decided that we do not want to ban the recording of productions and special events as they are the joy of parents but as a parent you do have a choice by either giving or withholding your approval. To give your approval you must indicate this in Sections 4-6 of the Consent Form. **We request that parents do not include photos/videos of other people's children on any form of social media.**

DVDs/Films

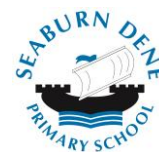
As a treat we may, on occasions, allow the children to watch a film either within school or on school trips such as Derwent Hill. As a general rule we can only show films with a U rating to Primary age children but, with your consent, we may choose a PG rated film which we deem appropriate for your child to watch. By giving your permission this will obviously give us a wider and more varied range of films to show the children.

It would be most helpful if the Consent Form attached could be returned to the school office as a matter of urgency. Should you wish to make any changes or additions to the Consent Form at a later date a blank form may be requested from the school office. We thank you for your assistance in this matter.

As with our Contact Form, if you wish to make any alternations to your Consents we ask that you put it in writing and hand it in to the school office. *It is the parents/carers' responsibility to keep this information up-to-date.*

Yours sincerely

Mr J Howe
Head Teacher



CONSENT FORM – 2024/2025

Name of Child: Date of Birth: Year Group:

Please delete one of the options in each category and include any other information as requested.

1. **SCHOOL VISITS** (local - visits involving walking to venue)

The above named child has **consent/does not have consent** to participate in any local visits.

2. **ADMINISTRATION OF BASIC FIRST AID/MEDICAL CONDITIONS**

- ❖ I give my **consent/do not give my consent** for the above named child to be given basic emergency first aid.
- ❖ I give my **consent/do not give my consent** to plasters being administered to the above named child.

My child suffers from the following medical conditions which may need to be taken into account; (if none apply please state "NONE")

3. **FOOD ALLERGIES/PARTICIPATION IN ACTIVITIES INVOLVING FOOD**

The above named child has **consent/does not have consent** to participate in activities involving food, including daily snack in Foundation Stage.

My child suffers from the following allergies which should be taken into account; (if none apply please state "NONE")

4. **PHOTOGRAPHS/VIDEOS/DIGITAL IMAGES – SCHOOL USE (Internal)**

I give my **consent/do not give my consent** to photographs or videos of the above named child being taken either in school or during school trips/events and **displayed/used within the school building**.

5. **PHOTOGRAPHS/VIDEOS/DIGITAL IMAGE – SCHOOL USE (Class Dojo)**

I give my **consent/do not give my consent** to photographs or videos of the above named child being taken either in school or during school trips/events and **displayed/used within Class Dojo**.

6. **PHOTOGRAPHS/DIGITAL IMAGES – SCHOOL USE (External - Newsletter & Website)**

I give my **consent/do not give my consent** to photographs or videos of the above named child being taken either in school or during school trips/events and **displayed/used on school newsletters, social media and website**.

7. **PHOTOGRAPHS/DIGITAL IMAGES - ANNUAL CLASS AND GROUPS**

I give my **consent/do not give my consent** to photographs of the above named child being taken in school for annual class and group photographs which can be purchased by other parents.

8. **PHOTOGRAPHS/VIDEOS/DIGITAL IMAGES – OTHER USES**

I give my **consent/do not give my consent** to photographs or videos of the above named child being taken either in school or during school trips/events to be **used/taken by various organisations, press and other parents**.

9. **MOVIES**

I give my **consent/do not give my consent** to the above named child watching PG rated films either in school or during school trips.

Signed: Please print name:

Relationship to Child: Date: