**Bow Community Primary School**

**Image Consent**

|  |  |
| --- | --- |
| Pupil Name: |  |

Throughout his/her time at Bow Community Primary School, your son/daughter will take part in a range of events, of which the school may wish to take photographs and videos.

We require permission from you to take and use such images.

**Consent for Internal Usage**

Internal photos and videos are used in the following ways, including but not limited to: as evidence of learning for individual children; on classroom displays and within the school building; for creating books. Please indicate your consent below.

Yes

No

**Consent for External Usage**

External photos and videos are used in the following ways, including but not limited to: official publications and in school publicity material, the school’s newsletter, class photos, brochures, internal records, leaflets, advertisements and website (including external locations which include but are not restricted to resources such as Facebook and YouTube) and the school photographic bank. Children’s full names are never published. Please indicate your consent below.

Yes

No

**Bow Community Primary School**

**Off-Site Activities**

|  |  |
| --- | --- |
| Pupil Name: |  |

There are occasions when staff wish to take pupils outside the school grounds within walking distance of the school. (eg the church or village hall). We require your consent to do this.

I give permission for my child to participate in general offsite activities throughout his/her time at Bow Community Primary School.

Yes

No

I consent to any emergency medical treatment required by my child during the course of the visit.

Yes

No

I confirm that my child is in good health and I consider him/her fit to participate. I will inform school if this changes.

Yes

No

**Bow Community Primary School**

**Additional Health Details**

|  |  |
| --- | --- |
| Pupil Name: |  |

Please provide any further detail about your child’s health which may need special attention, but does not prevent them from taking part in such activities. For example, allergies, medication including dosage, travel sickness, diabetes asthma, epilepsy etc.

Signature: ……………………………………. Date: …………………

(Parent/Carer)