



Uffington Church of England Primary School

'Optimum Solum Satis Est' – 'Only the best is good enough'

SINGLE CONSENT FORM FOR 2019/2020

Child's Name	
--------------	--

I give permission for my child to:

	X / v
Walk around Uffington village	
Take part in cooking and food tasting activities	
Access the internet for educational purposes within school	
Appear in photographs used in publicity and marketing materials	
View clips from films with a PG (<i>KS2 only</i>) or U certificate	
Travel by coach to Stamford Leisure Centre and the Bluecoat School for swimming and PE lessons	

- ✓ I understand that this grants permission for the teaching staff of Uffington School to plan for activities to include my child and that permission will not always be sought for each activity.
- ✓ I trust that Lincolnshire County Council guidelines will be adhered to in terms of ensuring the correct adult: pupil ratio of off-site activities and that appropriate risk assessments have been carried out.
- ✓ I give permission for my child's photograph to be used on the school's website and Facebook page with only my child's first name used if necessary.
- ✓ I give permission for my child's photograph to be taken and used by external organisations in relation to an event representing the school.
- ✓ I agree not to share images of Uffington pupils *other than my own* on social media without permission.

- ✓ I give permission for my child to receive first aid or for an ambulance to be called if required.
- ✓ I agree to ensure that all medical information relating to my child and held by the school is kept up to date.
- ✓ I agree to ensure that all contact details held by the school are kept up to date.
- ✓ I agree to inform the school if my child is unable to attend school by 10am on the first day of absence.
- ✓ I agree to keep my child off school for 48 hours from the last episode of either vomiting or diarrhoea.
- ✓ I acknowledge that it is my responsibility to inform the school in person or by letter if I wish to withdraw my permission for any of the above.

Please use this box to add any additional information.

Signed (Parent / carer)

Date

Please provide us with details of two Emergency Contacts

Name.....

Mobile.....

Relationship to Child.....

Name.....

Mobile.....

Relationship to Child.....