**Hollinswood Primary School & Nursery**

**Headteacher: Mr Glenn Atkinson BEd (Hons)**

Dale Acre Way, Hollinswood, Telford, Shropshire, TF3 2EP

**Tel:** 01952 386920 / 01952 386930 **Email:** a2200@taw.org.uk Web: [www.hollinswoodprimary.co.uk](http://www.hollinswoodprimary.co.uk)

**Multi-Purpose Parental Consent Form – September 2021**

Hollinswood Primary School & Nursery is a data controller and as such we hold personal data about pupils to support teaching and learning, to provide pastoral care and to assess how the school is performing. We will only retain the data we collect for as long as is necessary to satisfy the purpose for which it has been collected, and we will abide by the 8 rules of Data Protection Act, and the 6 principles of the General Data Protection Regulations (May 2018)

We will not share information about pupils with a third party without your consent unless the law allow us to do so. We are, however, required by law, to pass certain information about pupils to specified external bodies, such as our Local Authority and the Department for Education, so that they are able to meet their statutory obligations.

You have a right under the Data Protection Act (and under GDPR from 25 May 2018) to ask to see information that we hold on you/your child. Individuals who wish to receive a copy of this information should submit a request in writing to the Headteacher (in line with our Data Protection Policy – please see school website or request a copy at the office). Please also see our Privacy Notices on the school website.

**The information given on this form will be used throughout your child’s time at Hollinswood Primary School & Nursery. Please advise the school office, in writing, of any changes.**

**Pupil Information**

|  |
| --- |
| **Pupil** |
| **Name** |  |
| **Date of Birth** | **D** | **D** | **M** | **M** | **Y** | **Y** |
| **Year** |  | **Class** |  |
| **Parent/Carer *(Priority 1)*** |
| **Name** |  |
| **Relationship to Pupil** |  |
| **Parental Responsibility** | **Yes / No** |
| **Address** |  |
| **Phone Number** |  |  |  |  |  |  |  |  |  |  |  |
| **Mobile Number** |  |  |  |  |  |  |  |  |  |  |  |
| **Email Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**CONSENTS FOR …………………………………………………………………….. (Child’s Name)**

**Emergency Release**

On occasion it may be necessary for someone else to pick up your child from school. In order to ensure the safety of all children in our care, we are unable to hand your child over to any other adult who shows up. We must have your prior written/verbal consent, provided direct by you, not presented via a third party. Please note you should not consent to minors, (that includes anyone under the age of 16, including siblings), collecting your child. The school may contact Safeguarding should this happen in order to protect both the safety of our pupil and the minor being asked to collect your child.

Please list below any adults that have your permission to pick up your child, in an emergency or illness if you can’t be contacted. Otherwise please contact the school either by phone or in person on the occasional times that **someone else** will be collecting your child.

***I give my consent for my son/daughter to be released to the following person(s) in the order below if I am not able to collect myself or in the event of an emergency or illness, if I cannot be contacted:***

|  |
| --- |
| **Person 1 *(Priority 2)*** |
| **Name** |  |
| **Address** |  |
| **Relationship to Pupil** |  | **Parental Responsibility** | **Yes / No** |
| **Telephone Number** |  |  |  |  |  |  |  |  |  |  |  |
| **Email Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Person 2 *(Priority 3)*** |
| **Name** |  |
| **Address** |  |
| **Relationship to Pupil** |  | **Parental Responsibility** | **Yes / No** |
| **Telephone Number** |  |  |  |  |  |  |  |  |  |  |  |
| **Email Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Person 3 *(Priority 4)*** |
| **Name** |  |
| **Address** |  |
| **Relationship to Pupil** |  | **Parental Responsibility** | **Yes / No** |
| **Telephone Number** |  |  |  |  |  |  |  |  |  |  |  |
| **Email Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Person 4 *(Priority 5)*** |
| **Name** |  |
| **Address** |  |
| **Relationship to Pupil** |  | **Parental Responsibility** | **Yes / No** |
| **Telephone Number** |  |  |  |  |  |  |  |  |  |  |  |
| **Email Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**CONSENTS FOR …………………………………………………………………….. (Child’s Name)**

***Please indicate whether you have given your consent in each case by completing each box below and sign and date the form on the last page.***

**On-Site Activities**

***I give my permission for my son/daughter to:***

|  |  |  |
| --- | --- | --- |
| **ON1 -** Use the internet in line with the school’s Pupil Acceptable Use Policy and E-Safety Code **(See school website)** | Yes  | No |
| **ON2 -** View films and video clips rated PG or other suitably rated that are deemed suitable for showing in school  | Yes | No |
| **ON3 -** Take part in food preparation/cooking and tasting activities **(See note below)** | Yes | No |
| **ON4 -** Take part in sex and relationship education lessons **(Separate letters will also be sent out by class teachers)** | Yes | No |
| **ON5 -** Take part in religious activities | Yes | No |

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

**.................................................................................................................................................................................**

|  |
| --- |
| *If your child has any medical conditions/allergies, the school will display their photo, name, class, and details of their medical condition/allergy in non-public, prominent positions (such as offices, staff rooms and kitchen – in case of food allergy). We do this under the ‘Keeping Children Safe in Education’ and H&S guidance to ensure all staff, especially those new to the setting, are visually able to identify those children affected.* |

**Off-Site Activities**

***I give my permission for my son/daughter to take part in:***

|  |  |  |
| --- | --- | --- |
| **OF1 -** Supervised visits to local destinations away from the main school site | Yes | No |
| **OF2 -** Supervised one-day non-residential visits within the UK | Yes | No |
| **OF3 -** Supervised off-site activities (for example, sporting fixtures and swimming lessons) | Yes | No |

**We will still continue to advise you of any visit details prior to its occurrence. There may be a charge for these visits.**

The children will always be insured for any visit/event under the schools insurance policy. The school will always follow appropriate Health & Safety guidelines for these activities and the children will always be adequately supervised, including travelling in cars owned by school staff.

**Use of Online Learning Programmes**

Sometimes the school uses online learning programmes to enhance children’s application of their learning in Maths and English. The children are registered on these programmes by school, and the information submitted is their name and class group. All data is administered by the school but it is held externally by a third party. When on the programmes the children are allocated an identifier (user name) which is how they are seen, externally, whilst on these programmes.

***I give my permission for my son/daughter:***

|  |  |  |
| --- | --- | --- |
| **LP1 -** To use online learning programmes such as Study Ladder, Purple Mash, SPAG, Penpals, 2Simple, Class Dojo, TT Rockstars, Numbots, Seesaw, Phonics Tracker, Active Learn etc. (information uploaded could be – child’s name, photo, school, class and year group) | Yes | No |

**CONSENTS FOR …………………………………………………………………….. (Child’s Name)**

**Medical Consent**

Hollinswood Primary School & Nursery has a duty of care, under \*Keeping Children Safe in Education (DfE) 2019 and \*\*HSE Guidance, to ensure that any child who receives an injury whilst in our care will be treated by a trained first aider. If it is felt necessary we will call for emergency medical services to ensure the safety and wellbeing of your child. In the case of first aid being administered we will ensure a form is sent home to advice parents/carers of any treatment applied. If the injury is deemed to be more serious the parent/carer will be called.

In urgent situations we will always endeavour to contact the parents/carers to advise of the situation but we will call for medical aid first. ***Please see our First Aid Policy on the school website.***

***I give my permission for:***

|  |  |  |
| --- | --- | --- |
| **ME1 -** My son/daughter to be given first aid by a trained member of staff during any on-site or off-site activity **(See Individual Health Care Plans if necessary)** | Yes | No |
| **ME2 -** My son/daughter 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 **(See Individual Health Care Plans if necessary)** | Yes | No |
| **ME3 -** My son/daughter’s relevant information to be shared with the NHS and other relevant health/safeguarding professionals and registered afterschool childcare if used, i.e. **Portalkids, ABC Day Nursery or a Childminder**.  | Yes | No |
| **ME4 -** A member of school staff to sign on my behalf any medical consent forms, if my son/daughter should require emergency treatment **IF I cannot be contacted** | Yes | No |
| **ME5 -** To be given low level medication, e.g. paracetamol, and or plasters/bandages where required | Yes | No |
| **ME6 -** My son/daughter to use anti-bacterial hand gel | Yes | No |

*Please outline any medical conditions/allergies:*

**.................................................................................................................................................................................**

|  |
| --- |
| *If your child has any medical conditions/allergies, the school will display their photo, name, class, and details of their medical condition/allergy in non-public, prominent positions (such as offices, staff rooms and kitchen – in case of food allergy). We do this under the ‘Keeping Children Safe in Education’ and H&S guidance to ensure all staff, especially those new to the setting, are visually able to identify those children affected.* |

**If you have any concerns with respect to either of these policies, please contact the school office on 01952 386920, or by email at A2200@taw.org.uk, where one of the office staff will be happy to deal with your concerns.**

**\*you can download a copy at** [**https://www.gov.uk/government/publications/keeping-children-safe-in-education--2**](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2) **, \*\*Visit** [**http://www.hse.gov.uk/services/education/index.htm**](http://www.hse.gov.uk/services/education/index.htm)

**CONSENTS FOR …………………………………………………………………….. (Child’s Name)**

**Use of Information and Image (Including Photographs and Video Recordings)**

***I give my permission for my son/daughter’s:***

|  |  |  |
| --- | --- | --- |
| **IM1 -** Name to be used on the school website, printed publications and local media **(All viewed by external parties and potentially worldwide)** | Yes | No |
| **IM2 -** Work to be used in individual learning journals, school displays and on the school website and newsletters **(All viewed by external parties and potentially worldwide)** | Yes | No |
| **IM3 -** Image, name and date of birth to be used within school (for example, in wall-mounted displays showing children’s birthday’s) | Yes | No |
| **IM4 -** Image to be used in printed school publications (for example, the school prospectus and newsletters) **(All viewed by external parties and potentially worldwide)** | Yes | No |
| **IM5 -** Image to be used on the school website and in other local media **(All viewed by external parties and potentially worldwide)** | Yes | No |
| **IM6 -** Image to be taken by, or used in circulation to, other parents (for example, school events) **(Potentially viewed by external parties and worldwide)** | Yes | No |

**Communication**

Hollinswood Primary School & Nursery keeps in touch with parents via several types of media. Personal messages/contact is completed via:

**Face to Face, Phone, Email, Text, Letter.**

General information is also disseminated via:

**Class Dojo** <https://www.classdojo.com> **Website**  <http://hollinswoodprimary.co.uk/>

**ParentPay** <https://app.parentpay.com/> **Bromcom**  <https://www.bromcom.com/ProductPrimary>

**Twitter**  <https://twitter.com/HollinswoodPri>

***I give my permission for the school to contact me and other listed adults in priority order as detailed on page 2 via:***

|  |  |  |
| --- | --- | --- |
| Phone ***(That you have identified on Pg 1 and Pg 2)*** | Yes | No |
| Email ***(That you have identified on Pg 1 and Pg 2)*** | Yes | No |
| Text Message ***(That you have identified on Pg 1 and Pg 2)*** | Yes | No |

***Please sign and date the form before returning it to the school office.***

**Signed: ........................................................................................................................ Date: ................................**

**Print Name: ……………………………………………………………………………………………………………………………………………………………**

**Withdrawing Consent**

Consent can be withdrawn by the parent, at any time, by contacting the school office:

**Hollinswood Primary School & Nursery, Dale Acre Way, Hollinswood, Telford, Shropshire, TF3 2EP. Tel: 01952 386920. Email:** **a2200@taw.org.uk****.** *Whilst the education of your child is not dependent on your consent being given, we do also ask for consent to certain activities. Whilst this does not fall under the scope of the GDPR, the refusal to give consent to certain requests (i.e. trips and visits, watching a video) could have an impact on your child being included in certain educational activities.*