

PARENTAL CONSENT FORM

Pupil's name	Year Group	Date of birth
Parent/Carer's name		

Fir Vale Academy requires you to read the Parental Policy Booklet and sign below to give your consent for the following:

USING YOUR CHILD'S IMAGE	YES /NO
<ol style="list-style-type: none"> 1. Use of your child's photograph in printed publications that Fir Vale Academy or United Learning produce for promotional purposes or on display boards. 2. Use of your child's image on our website and social media sites. 3. For teaching and learning purposes. 4. To take images of pupils, individually or in groups, as part of the school's record and identification purposes, and as a service for parents. 5. Record your child's image on video or webcam. 6. Permission for your child to appear in the media. 	
<p>BIOMETRIC INFORMATION</p> <p>The school uses a cashless system for pupils to pay for food in the dining area. Pupils access their money with a biometric system (the system generates a unique code from the pattern on one of their fingers).</p> <p>Both you and your son/daughter give your consent for us to electronically store the code generated from the finger pattern and use this for catering payment.</p>	
<p>INTERNET AND WIFI ACCEPTABLE USE POLICY</p> <p>You and your son/daughter have read and understood the details of our Internet Acceptable Use Policy contained in the Parental Consent Policies booklet.</p>	
<p>SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES</p> <p>I am happy for my child to take part in local school trips and other activities that take place off school premises; and to be given first aid or urgent medical treatment during any school trip or activity; and to take part in activity sessions on site that include (but not exclusively) inflatables, climbing walls and similar adventurous activities.</p> <p>I consent to my child travelling by any form of public transport and/or in a vehicle driven by the party leader or any other adult member of the party authorised by law and duly insured to drive.</p>	
<p>ACCIDENT/ILLNESS</p> <p>I give my consent for my child to receive medication as instructed and any emergency dental, medical or surgical treatment, including inoculations, general or local anaesthetic, surgery or blood transfusion, as considered necessary by the medical authorities present. I understand I am responsible for informing the Academy of any changes to my child's health.</p>	

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<p>PERSONAL EFFECTS OF THE PUPIL</p> <p>I understand that my child is responsible for the safety of his/her own money and personal effects. I will not hold the Academy responsible for losses unless caused by the negligence of the Academy.</p>	
<p>ADVERSE WEATHER</p> <p>I understand that in adverse weather conditions my child will be sent home following a text message home.</p>	

I grant permission for you to capture images of my child for use in publicity and school communications by Fir Vale Academy and United Learning. I confirm that I have read the privacy notice, and I understand that it may not always be possible to recall existing images of my child from circulation if I withdraw consent at a later date.

Pupil Name:

Parent/Carer name:

Relationship to child:

You have the right to withdraw consent at any time. You can do so by contacting the school on 0114 2439391 you withdraw your consent, no further images of the pupil concerned will be captured for use in publicity.

I confirm I have read and understood the Fir Vale Academy Parental Consent Policy booklet.

Your consent is valid for the period of time your child attends this Academy.

Signed.....
(Parent/Carer)

Date

Signed.....
(Pupil)

Date.....

IF YOU DISAGREE OR DO NOT CONSENT TO ANY OF THE ABOVE PLEASE STATE WHICH AND EXPLAIN WHY.

THIS FORM MUST BE RETURNED TO THE ACADEMY

All information relating to this form will be retained by Attendance team at Fir Vale Academy. An electronic copy will be kept on our school system and destroyed as per our data retention policy.