

Child's name: \_\_\_\_\_

Class: \_\_\_\_\_

I confirm that I have read the 'permission information' in the Welcome Pack and give consent for the following during my child's time at Bushfield. I understand that consent can be withdrawn at any time.

<b>Consent Type</b>		<b>Please state Yes or No</b>
<b>Medical Consent</b>	<i>I agree that if my child urgently requires medical treatment and it is not possible to contact my wife/husband/partner or me, the staff member in charge of the party is authorised to give consent on my behalf or take my child to hospital should the need arise.</i>	
<b>Copyright Permission</b>	<i>I agree that, if selected, my child's work may be published on the school website.</i>	
<b>Internet Access</b>	<i>I give my child permission to access the internet</i>	
<b>Mobile Phones/Smart Devices</b>	<i>I understand that, if my child brings a mobile phone/smart device to school, it must be signed in and out with their class teacher each day</i>	
<b>Media Permission</b>	<i>I give permission for my child's image to be used in publications, social media and videos. I know their image will never appear with their full name.</i>	
<b>Privacy Notice &amp; Retention Schedule</b>	<i>I confirm that I have read and understood the Privacy Notice and Retention Schedule</i>	
<b>PG Films</b>	<i>I give permission for my child to watch carefully chosen and relevant PG films during their time at Bushfield</i>	
<b>Local Visits</b>	<i>I give permission for my child to attend local visits within the parish of Wolverton.</i>	

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_