Name of Pupil in full: Date of Birth:

For the purposes of this form, the word ‘school’ will mean Kingsmead School and the words ‘alternative provider’ will mean any agreed offsite, vocational provision that your child’s mainstream or special school has requested and approved.

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| **Accessing alternative provision** | **YES****(Please tick)** | **NO****(Please tick)** |
| I agree to my child accessing Kingsmead approved, offsite, vocational provision as part of their mainstream or special school timetable. I agree to my child using equipment and materials under supervision and after Health and Safety rules have been fully explained by the offsite provider.  |  |  |

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| **Photographs, Videos and Media** | **YES****(Please tick)** | **NO****(Please tick)** |
| May we or any alternative provider, use your child’s photograph in printed publications that we produce for promotional purposes such as a prospectus or on project display boards?  |  |  |
| May we use your child’s image on our or any alternative providers’ website? |  |  |
| May we, or any alternative provider, record your child’s image on video or webcam?  |  |  |
| Are you happy for your child to appear in the media? (for example in the local press, radio or TV)  |  |  |
| Are you happy for your child to appear on Social Media sites used by the school or alternative provider e.g. Twitter and Facebook ? |  |  |
| Do you consent for your son or daughter’s name to be released for publication such that they may be identified as an individual or as part of a small group? For example raising money for charity that is recognised in the local media. |  |  |
| I give consent for my son or daughter to be photographed for school or any alternative provider, group photos that may be bought by other families who have children in the photo. |  |  |

**School Trips & Off Site Visits**

When making arrangements for school trips it is necessary to share information about your child with the venue, accommodation and transport providers for legal and safeguarding reasons. If travelling overseas this will also include immigration control.

Details about your child may be required by insurers.

FOR TRIPS OUTSIDE THE UK

Whilst pupils are outside the UK school staff and those supervising, travelling or arranging travel or accommodation may communicate with parents and carers using the contact information provided. At times this may be using mobile communications, social media or other methods that may require data to be stored or travel outside of the approved EU locations. We believe that keeping parents and carers informed about the wellbeing of their children must be the priority. Data sharing in such cases will be limited to what is necessary.

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| **External Trips and Visits** | **YES****(Please tick)** | **NO****(Please tick)** |
| I give consent for my child to participate in curriculum based alternative provision trips. |  |  |
| I give consent for school or any alternative provider, to take photographs of my son/daughter whilst on school trips. |  |  |
| I give consent to school or any alternative provider, to take video and media footage of my son/daughter whilst on school trips |  |  |

Note: any trips outside of Derby City will require consent on an individual basis

|  |  |  |
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| **Careers & Workplace Placements** | **YES****(Please tick)** | **NO****(Please tick)** |
| I give consent for school or any alternative provider, to share details of my son/daughter with potential workplace placement providers . |  |  |
| I give consent to school or any alternative provider, to share details of my son/daughter with careers advisers  |  |  |

|  |  |  |
| --- | --- | --- |
| **School Work & Celebrating Successes** | **YES****(Please tick)** | **NO****(Please tick)** |
| I give consent for school or any alternative provider, to share details of my son/daughter’s achievements within school by displays, certificates or other media that identifies them |  |  |
| I give consent to school or any alternative provider, to share information about my son/daughter to recognise key events such as birthdays within the school community |  |  |
| I give consent for school or any alternative provider, to share details of my son/daughter’s sporting activities for fixtures and achievements at any alternative provider and in publications |  |  |

As part of any alternative provision, access to the internet and other IT related equipment may be offered. Each alternative provider is responsible for ensuring a high level of protection and will support by auditing student use. Students may be required to give written agreement to be bound by their terms.

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| --- | --- | --- |
| **Internet Use** | **YES****(Please tick)** | **NO****(Please tick)** |
| As the parent or carer, I give permission for my child to use the internet whilst attending any alternative provision. I understand that students are held accountable for their own actions. |  |  |

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| **Alternative provision News Updates** | **YES****(Please tick)** | **NO****(Please tick)** |
| I wish to be kept informed about alternative provision news and events relating to my child |  |  |
| I give consent to the school or any alternative provider, to use text messaging service on the mobile number I have provided. |  |  |
| I consent to the school contacting me by text message for the purpose of school or any alternative provider, information and reminders. I will ensure that I keep the school informed of my up to date mobile number at all times, or if the number is no longer in my possession |  |  |

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| **External Agencies** | **YES****(Please tick)** | **NO****(Please tick)** |
| I agree for information about my child to be shared with other agencies (please be aware that Child Protection concerns and relevant legislation overrule any consent given) |  |  |

On occasion, alternative providers may offer enrichment sessions that complement their usual delivery. This may include sexual health or drug and substance abuse topics.

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| **Sexual Health** | **YES****(Please tick)** | **NO****(Please tick)** |
| I give consent for my son/daughter to be included in discussions on sexual education whilst attending any alternative provider session.  |  |  |
| I give consent for my son/daughter to be included in discussions on drug and substance abuse whilst attending any alternative provider session. |  |  |

**Signed by:**

**(Parent/Carer)**

**Name in CAPITALS:**

**Date:**

Medical Consent

|  |  |
| --- | --- |
| Doctors Practice |  |
| Doctors Name |  |
| Telephone Number |  |
| Does your child suffer from any health problems, if so please give details. (Please indicate any special treatment)  |  |
| Permission to contact Doctor  | Yes/No (Please delete if appropriate) |
| Do you give consent for us or any alternative provider to contact other professionals who are involved with your child? | Yes/No (Please delete if appropriate) |
| Names and contact numbers of any professionals involved with your child, for example health visitors, speech therapists. If you provide these details we will contact them, letting you know of any approach we or any alternative provider makes.  |  |
| Please give details of any other problems/concerns of which the school or any alternative provider should be aware of to enable us to support your child. If you provide these details we or any alternative provider may contact other Health Care professionals and we will let you know of any approach we or any alternative provider make. |  |
| Please give details of any special requirements/medical conditions of parents/carers regarding access to any building or accessing information |  |

Signed by:

(Parent/Carer)

Name in CAPITALS:

Date: