

Combined Parental Consent Form

This covers your child throughout their time at the school

PARENT/GUARDIAN TO COMPLETE THIS PAGE

Child's Name: _____

✓ or ✗

<p>Privacy notice I am aware of the School's Privacy Notice explaining how we store data on the school's management systems and share this data with those who only provide services to the School and organisations concerned with the welfare of my child.</p>		
<p>School trips, sports fixtures, off-site provision, events (including careers information advice and guidance) I give my consent for my child to take part in on/ off site activities arranged by the School including those outside the normal School day. This may involve being transported in the school minibus, on external coaches and taxis and if necessary, in staff vehicles. If you don't give consent for any of these activities please state which ones.</p>		
<p>I give my consent for my child to take part in sex education programmes.</p>		
<p>Emergency medical treatment I consent to my child receiving necessary urgent medical treatment for any injury or illness occurs during either the school day or out of school activity.</p>		
<p>Publications I give my consent for photographs and filmed images of my child to be used for promotional purposes in the local media (sometimes social media) and school website. *Please see note at bottom of the page for details to withdraw your consent.</p>		
	Consent Given	
Use of Images	Yes	No
Use of photographs/videos in displays within the school premises		
Use of photographs/videos within school publications (such as prospectuses)		
Use of photographs/videos within the schools official website		
Use of photographs/videos within the schools social media accounts (facebook, twitter etc.)		
Use of photographs/videos by local and national press		

CONTINUED OVER/..

<p>Using email and mobile telephone numbers to contact me I give my consent for the school to use my email address and/or my mobile telephone number to communicate messages to me about my child/the school.</p> <p>My email address is: _____</p> <p>My mobile number is: _____</p>	
<p>Bio Registration I consent to my child's finger scan being taken to enable them to use the school's cashless catering system and library system.</p>	

Print Name: _____
Parent/Guardian

Signature: _____
Parent/Guardian

Date: _____

You have the right to withdraw your consent at any time. To withdraw your consent, please email: enquiries@bedford.wigan.sch.uk OR write to: The Headteacher, Bedford High School, Manchester Road, Leigh, WN7 2LU. You should address all correspondence relating to withdrawing consent with the heading WITHDRAW CONSENT followed by your name. Once we have received notification that you have withdrawn your consent, we will no longer process this information for the purpose or purposes you originally agreed to, unless we have another legitimate basis for doing so in law.

*Consent for the use of photographs can be withdrawn at any time. This can be done by a written request to The Data Protection Officer, Craig Stilwell at Judicium Consulting Ltd 72 Cannon Street London EC4N 6AE. From this date, no further photographs will be either taken or circulated of your child based on your request. Any photographs taken and circulated prior to withdrawal of consent will remain withstanding.