



## Boundary Primary School GDPR Consent Form

Pupil	
Name	
Year	
Class	

Parent/carer	
Name	
Relationship to pupil	
Address	
Phone	
Mobile	
Email	

### Use of Personal Data

At Boundary, we need to use and share some information about you/your child. This includes home addresses, telephone numbers etc. We use this data to contact you, if we need to, about your child.

**Please read the following statements and tick to show you have read them.**

I understand how my data is used (as above)	
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I understand that it is my responsibility to update school if I change my contact details	
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I understand this data will be deleted in accordance with retention policies	
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I understand my telephone number will be used to contact me about my child	
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Please tick/cross the following to indicate your consent

I am happy for my number to be used for messages regarding trips, assemblies etc.	
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I am happy for my number to be used for messages regarding newsletters	
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I am also happy for my number to be used for messages regarding fundraising	
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### Communication

*I understand that in most instances the school will contact me by phone. I also give my permission for the school to contact me via email using the school app and other communications as required.*

Email	
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Please indicate whether you have given your consent in each case by ticking the box on the right-hand side; and sign and date the form on the last page.

**On-site activities**

*I give my permission for my child to:*

Take part in food preparation/cooking and tasting activities	
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Please outline any food allergies/specific dietary requirements:

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**Local Visit Consent**

*I give my permission for my child to take part in:*

Supervised visits/sports events to <u>local</u> destinations (within 1 mile) away from the main school site	
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Supervised Swimming off site (Moor Park Swimming Pool – Year 4 only)	
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**Medical consent**

*I give my permission for:*

My child's information to be shared with the NHS and other relevant health professionals as appropriate

Plasters to be applied to my child

Staff to administer the medicines as specified on signed medication forms

I understand it is my responsibility to come into school to complete an Individual Healthcare Plan or Asthma Plan if my child has diagnosed ongoing medical needs or diagnosed with Asthma

I understand it is my responsibility to update school if the medical needs change

*Please outline any medical conditions/allergies:*

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## Emergency Contact/Release

*I give my consent for my emergency contact to be called and for my child/children to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted:*

Person 1	
Name	
Address	
Relationship to pupil	
Contact number	

Person 2	
Name	
Address	
Relationship to pupil	
Contact number	

*I also have the permission of the emergency contact to share their details with school.*

### Use of information and images (including photographs and video recordings)

*In school, we use photographs in different ways. Forming part of our assessment process. They evidence work completed, or experiences the children have. Please tick/cross to indicate your consent.*

I am happy for school to take photographs of my child as part of assessment/work evidence. I understand these may be in exercise books, assessment reports and displays

I am happy for photographs of my child to be used on the school website

I am happy for videos of my child to be used on the school website

I am happy for photographs of my child to be used in the school half termly newsletter

I am happy for photographs of my child to be used in school prospectus material which will be shown to prospective parents outside of Boundary

I am happy for videos of my child to be used in school prospectus material which will be shown to prospective parents outside of Boundary

I am happy for photographs of my child to be used for promotional purposes (Including but not limited to: posters displayed locally and nationally)

I am happy for videos of my child to be used for promotional purposes (Including but not limited to: videos displayed locally and nationally)

I am happy for photographs of my child to be published outside Boundary in newspapers

*(Please note, sometimes newspapers want accompanying names. We will send you a message if we supply your child's name)*

I am happy for videos of my child to be published/streamed outside Boundary on other websites  <i>(For example, local and national news websites and other regulated providers such as the Royal Shakespeare Company)</i>	
I am happy for photos of my child to be used on the Boundary Facebook Page	
I am happy for videos of my child to be used on the Boundary Facebook Page	

*Please note that once images are uploaded to websites such as Facebook and other regulated third parties, they will be subject to the terms and conditions of that social media site/website. Neither you nor Boundary Primary School will have control over how those images are further used, amended or reproduced, either by the site or by the public. Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.*

Social Email – Computing Curriculum	
I confirm that I understand my child will be given a school email account which will be used in computer lessons and if the school has a forced closure	
I confirm that I understand my child’s school email address will be linked to approved educational websites in order to access learning at home (e.g. Seesaw)	
I understand that this will be deleted once my child has left Boundary Primary School	
I am happy for my child to use the internet in line with the school’s acceptable usage policy and in line with the computing National Curriculum	
I will also support the schools online-safety charter and encourage and support my child to use the internet safely	

**Walking Home - KS2 (Year 3 to Year 6) children only**

I am happy for my child to walk home/leave school on their own

**Changing My Mind**

*The information in this form will be used throughout your child's time at school. You may withdraw your consent at any time for any part of it, by contacting the school.*

I understand that I am able to change my mind about any of the consent/permissions I have given

I know that I must inform the school office and recomplete a consent form if I want to change my mind at any time

*Please sign and date the form before returning it to the School Office.*

Signed: .....

Date: .....