

Carrington School Off-Site Educational Activities, Visits & Enrichment Opportunities, Biometric, Photographic, Online Safety and Parent-Student-School-Partnership Consent Forms.

Consent is given below but can be withdrawn at any time, in writing.

EDUCATIONAL VISITS CONSENT

I give consent for my son/daughter. _____ (Please insert your child's name)

To take part in Educational Activities, Visits and Enrichment Opportunities that take place away from the main school site that are authorised by Carrington School.

To be given first aid or urgent medical treatment during any such activity if deemed necessary by the member of staff in charge. I understand that should medical treatment be necessary, every effort will be made to obtain my consent. However, in an emergency I authorise the party leaders to consent on my behalf to any medical treatment which a medical professional feels is necessary.

Please note that any student with medical conditions such as asthma/severe allergy must bring their medication (e.g. inhaler) with them on any school visit.

PHOTOGRAPHIC CONSENT

Please tick **ONE** of the following:

I give permission for the school to take photographs and video recordings of my child in school-related activities. To use any photographs of my child for publications such as the school website, printed publicity materials, displays, school social media pages and external media partners such as local newspapers, and similar purposes. **I also give permission for my child to be identified in photographs by name in the rare instance where the use of their name is appropriate.**

I give permission for the school to take photographs and video recordings of my child in school-related activities. To use any photographs of my child for publications such as the school website, printed publicity materials, displays, school social media pages and external media partners such as local newspapers, and similar purposes. **However, I withhold permission for them to be identified by name in those photographs.**

I specifically withhold permission for the school to take any photographs and video recordings of my child, and will advise my child to withdraw themselves from any such situation where photographs and video recordings are taking place.

BIOMETRIC CONSENT

I give consent to the school for my son/daughter to use the Biometric System at Carrington School. I understand that I can withdraw my consent at any time in writing.

If my child ceases to use the biometric recognition system, his/her biometric information will be securely and permanently deleted by the school.

ONLINE SAFETY

Student Consent I agree to follow the online safety rules and to support the safe and responsible use of ICT and Social Media at Carrington School.

Student Signature: _____

Parent Consent

As the parent or carer, I have read and understood the school online safety rules and grant permission for my son/daughter to have access to use the internet, school email system and other ICT facilities at school.

Parent-Student-School-Partnership

I have read the document outlining the School's expectations and parents' and students' expectations of the school.

Parent/Carer Signature: _____

Date: _____

Please return to: Mrs S Carter, Admissions Officer (scarter@carringtonschool.org)