

Cheapside C. of E. Primary School

Watersplash Lane • Cheapside • Ascot • Berkshire • SL5 7QJ

Telephone: (01344) 621112

Fax: (01344) 624035

Website: www.cheapsideschool.org.uk

E-mail: cheapsidecofe@rbwm.org.uk

Headteacher

Mrs Kate Searle

September 2018

Dear Parents

We would be grateful if you could fill in and return the attached forms, with the attached reply slip, to the school. If you have more than one child at the school we do need one form per child.

OFFSITE MEDICAL CONSENT FORM

Please complete the medical consent form to cover offsite activities throughout the year with the exception of the residential visit for Years 6. The offsite activities will include, for example, any day visits, any sporting fixtures, visits to other schools, churches, local businesses, sporting establishments, historical places of interest and local areas of interest (including local walks).

We will continue to send home a letter giving details of each offsite visit and you will be asked to give your consent for your child to join in the activity each time.

Copies of the completed medical consent forms will be carried on each offsite activity. It is therefore important that you inform us of any changes in contact numbers etc, so that we can update the information.

PHOTOGRAPHY, VIDEO AND VOICE CONSENT FORM

This form gives us permission to use picture and video footage of your child in line with Child Protection legislation and GDPR.

If you have any queries about these forms, please contact the school office.

Yours sincerely



Kate Searle
Headteacher

**OA4 Off-Site Activity Medical and Consent Form
September 2018 to September 2019**

We would be grateful if parents/carers could fill in and return this form to the school office via your child's class teacher. We will use the information to update the emergency contact information and medical information that we hold in school. Pupils cannot go on off-site visits without a current medical consent form. You will be asked to fill in another medical consent form if your child goes on a residential visit. Please inform the school office about any changes to this information that occur during the school year.

ORGANISATION: **Cheapside C E Primary School**

NAME of participant: _____ **male/female**

Important: This form must be completed by the parent/guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age.

Address of Participant: _____ Telephone No. (inc. STD): _____

Post Code: _____ Date of Birth: _____

Emergency Contact DURING PERIOD OF ACTIVITY
Name: _____

Address: _____ Tel. No: _____
Alternative Tel. No: _____

Post Code: _____ Relationship to Participant: _____

DOCTORS name:
Address: _____

Telephone No. (inc.
STD) _____

Details of last Tetanus injection
date: _____

Post Code: _____

OR, have you had one in the last
10 years?
YES / NO

Please give details of any medical conditions/disabilities, e.g. diabetes, epilepsy or allergies to (e.g.) medication, plasters, etc.

Please give current treatment including medication.

Details of any special dietary requirements. (Please attach a separate sheet if necessary)

STATEMENT

I give permission for our son/daughter to take part in off-site visits, including sporting fixtures, to be a member of a Cheapside School Team and travel in the care of a member of staff or parents to matches and other venues; this may include travel by car or coach where necessary.

STATEMENT

I ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING OFFSITE ACTIVITIES THROUGHOUT THE YEAR AND CONSENT TO THE ABOVE PERSON PARTICIPATING.

I have ensured that my child/ I understand(s) the information for their/my safety and for the safety of the group that any rules and instructions given by staff are obeyed. I undertake to inform the Leader of any changes in the fitness of the participant/myself prior to the date of departure.

I accept full financial responsibility if they/I have to return home before the end of the trip because of inappropriate behaviour.

I am in agreement that those in charge may give permission for the participant/me to receive medical treatment in an emergency.

Signed: _____

Date: _____

Parent/Guardian/Participant

The Royal Borough



Windsor &
Maidenhead

PHOTOGRAPHS – Cheapside CE Primary School is registered as a data controller to process data. Any information you provide will be treated in the strictest confidence & will only be used for School purposes.

Cheapside CE Primary School confirms that it shall only use photographic/video images of young people in line with the Information Commissioner's Office Code of Practice to demonstrate or promote activities & events relating to schools & curricula provision. A copy of the Code of Practice can be obtained from ICO - www.ico.gov.uk
 Parents should complete the form for those children aged 13 years and under. Children aged 13 years and over should sign the form themselves.

Surname:	Forename:	DOB:	
Area where images may be used		Use of Image	Use of name
School Prospectus – may contain photographs of pupils individually or in groups.		YES / NO	Names are not used
School Newsletter - includes articles & information about school activities & events. Names may appear in text & could be used to identify individual pupils.		YES / NO	YES / NO
School Photographer – pupil names are sent for identification when school photographs are taken. School Photographer holds this information in accordance with the Data Protection Act 1988.		YES / NO	YES / NO
School Display boards & notices – photographs may include individual or groups to demonstrate, promote or congratulate pupils & their work.		YES / NO	Names are not used
School & RBWM Web Sites – Visitors to web sites may view, on line, information on a wide range of events & activities promoting the school/RBWM. Names may appear in text & could be used to identify individual pupils.		YES / NO	YES / NO
Local & National Press coverage – features school/RBWM events & activities. Names may appear in text & could be used to identify individual pupils.		YES / NO	YES / NO

The recorded image/voice may be used for a period of 12 months from the date of my signature to this form & used only for the mentioned event(s) & or activity(ies). I understand that I may withdraw my consent at any time by contacting the School Office at cheapsidecofe@rbwm.org.uk and that where possible any publications or material containing the image/voice of my child will be recalled & withdrawn.

SIGNED:..... Parent / Carer

PLEASE PRINT NAME:.....

DATE:.....20.....