



On the reverse of this letter is a list of our main questions we would like your permission for, please complete the form, sign and date it and return with your pupil admission form. If during the years we arrange any additional/unusual special events we will of course request your permission at that time.

Occasionally we may take photographs of the children at our school. We may use these images in our school prospectus or in other printed publications that we produce, as well as on our website. We may also make video or webcam recordings.

From time to time, our school may be visited by the media who will take photographs or film footage of a visiting dignitary or other high profile event. Pupils will often appear in these images, which may appear in local or national newspapers, or on television news programmes.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recording of your child.

Conditions of school use

1. This form is valid for five years from the date you sign it, or for the period of time your child attends this school. The consent will automatically expire after this time. It is your responsibility to let us know if you want to withdraw or change your agreement at any time.
2. We, the school, will not use the personal details or full names (which means first name **and** surname) of any child in a photographic image on video, on our website, in our school prospectus or in any of our other printed publications.
3. We will not include personal e-mail or postal addresses, or telephone or fax numbers on video, on our website, in our prospectus or in other printed publications.
4. If we use photographs of individual pupils, we will not use the name of that child in the accompanying text or photo caption, unless we have your agreement.
5. If we name a pupil in the text, we will not use a photograph of that child to accompany the article, unless we have your agreement.

6. We may include pictures of pupils that have been drawn by the pupils.
7. We may use group or class photographs or footage with very general labels, such as 'a science lesson' or 'making Christmas decorations'.
8. We will only use images of pupils who are suitably dressed, to reduce the risk of such images being used inappropriately.
9. **As the child's parent/guardian, we agree that if we take photographs or video recordings of our child/children which include other pupils, we will use these for personal and family use only.** I/we understand that where consent has not been obtained from the other parents for any other use, we would be in breach of the Data Protection Act 1998 if we used our recording for any wider purpose.

PTO

Pupil Name.....

(Please circle)

Do you consent to your child receiving emergency medical treatment?	YES / NO
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Do you consent to your child going into a swimming pool (supervised)	YES / NO
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Do you consent to your child going on educational visits off site	YES / NO
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Do you consent to your child travelling in the front seat of the minibus/people carrier?	YES / NO
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Do you give your consent for your child to travel in a private vehicle by an approved member of The Beacon Staff?	YES / NO
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Do you consent to your child being photographed for internal purposes only?	YES / NO
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Do you consent to your child's image (unidentified) being added to our school website?	YES / NO
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Do you consent to your child's photograph being added (unidentified) to the school Prospectus and other printed publications that we produce for promotional purposes?	YES / NO
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Do you consent to your child being filmed for internal and training purposes only?	YES / NO
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Do you consent to your child being photographed or filmed (unidentified) for Press Events agreed by the school?	YES / NO
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Do you consent to your child's full name being published with a press photograph? <i>(At the present time, some local newspapers will not agree to publish a photograph without full name)</i>	YES / NO
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Do you consent to staff applying sun cream to you child (supplied by you)	YES/NO
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Do you give permission for plasters to be used for small cuts/grazes	YES/NO
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In the event of my child requiring emergency treatment the Headteacher (or his/her representative) being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the wellbeing of my child.

Signed.....

Date.....

Printed Name.....