



Olney Middle School

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Headteacher Mr Glenn Young

CONSENT FORM FOR TRIPS/ACTIVITIES/PHOTOGRAPHS/FOOD TASTING AND MEDICAL NOTIFICATION

This form is based on the latest Department for Education guidance to reduce bureaucracy on families and schools and also the latest guidance from the national Health and Safety Executive.

Please note the following important information before signing this form:

- The trips and activities covered by this consent include;
 - o all day visits off school premises
 - o off-site sporting fixtures outside the school day
- We will send you information about each trip or activity before it takes place
- You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity in response to those information letters

Written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, year-group visits to local amenities – as such activities are part of the school's curriculum and usually take place during the normal school day.

In addition we are also requesting your consent in relation to the taking and use of photographs/video on both printed media and the school website. You will notice we draw a distinction between the use of photos in printed/display form and computer based images. Our Data Protection Policy follows the guidance to schools from the Information Commissioner's Office.

It is vital in all circumstances that we are aware of any medical conditions that your child suffers from. Please ensure you outline these on this slip even if you know the school are aware already.

Lastly, please indicate if you may be available and willing to assist on any school visits over the year, including residential if you are willing. If you are able to support us in this way, please be aware we will need to have the regulatory check undertaken by the Disclosure and Barring Service (DBS).

Thank you for your cooperation in this matter.

Yours sincerely

Glenn Young
Headteacher

Child's Name: _____

Class: _____

<i>Please tick as appropriate</i>		Yes	No
To take part in school trips and other activities that take place off school premises			
To be given first aid or urgent medical treatment during any school trip or activity			
To food taste in lessons over the course of the year having made the school aware of any allergies below			
To use your child's photograph in the school prospectus and other printed publications that we produce for promotional purposes or on display boards			
To use your child's image on our website			
To record your child's image on video or webcam			
To use your child's photo in class activities with photos in books or sent home in class materials.			
Please give details of any medical condition (including allergies for food tasting purposes) that your child suffers from and any medication they child should take during off-site visits:			
If you currently have a child in school please indicate which house they are in.	Cowper	Hopkins Smith	Mann Newton

Assistance on School Trips and Visits – please tick as appropriate	Yes	No
I am available to assist on school trips and visits off-site		
I have a valid DBS		
I do not have a valid DBS but would be willing to undergo the check		
If your child will be walking home from school please confirm they have your permission to do so.		

Signed: _____

Date: _____