Pupil Data Protection Permission

Data Protection Act 2018

Signed Permission – Parent / Carer

Please return this signed document to the school.

I am the parent / carer _____ of Class _____

(If you have more than one child in school, please complete one sheet per child)

Specific Additions: Please tick the box for those which apply

☐ I give permission to the school to use / take images of my child, and for these to be displayed in the school and outside of the school for example on the school website.

☐ I give permission for my child's medical information, including allergies to be displayed within the school, e.g. In the school kitchen which will include the child's name and picture to ensure that all staff are aware of any specific medical needs.

☐ I give permission to display child's name with picture throughout the school to help with educational purposes and celebrations.

☐ I give permission to display child's picture on the website.

☐ I give permission to display child's name with birthday in their classroom, so we can celebrate their birthday.

☐ I give permission to share children's information, and relevant health information with sports providers so they can deliver services in school.

☐ I give permission to share children's information with third parties' organisations when we go on trips and events to meet health and safety requirements.

☐ I give permission to share detailed information when your child attends a residential, to ensure that your child is kept safe, and this will include medical information, which will be returned to the school afterwards.

☐ I give permissions to share basic class lists, including names to NHS commissioned organisations who will then seek permissions from you to carryout checks on children. Please note that on some occasions we are legally required to do this.

☐ I give permission to use children's pictures in newspapers, external publications and on social media including on-line news outlets e.g. facebook

☐ I give permission to share information with high schools / new schools, when your child transfers to them, which may be done verbally or physically.

Name		**Date**	
Signed			

☐ I understand that as the parent / carer, I have the right to give the school permission to hold and use information about me and the children named above.

☐ I also have been made aware of my rights within the General Data Protection Regulations and how I can contact the data protection officers.

Please note that this form will be stored either electronically or a paper copy will be saved and retained until your child leaves the school.