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|------------|---------|------------|--|
| First Name | Surname | Class | |
| First Name | Surname | Class | |

| | Please tick | |
|-------------------------------------------------------------------------------|-------------|--|
| I give permission for my child to have their photograph taken to be used in | | |
| school, for example, on school displays and in books | | |
| I give permission for photographs, video clips & audio clips of my child to | | |
| be used on the school website & Twitter | | |
| I give permission for my child to walk around the local area (within a 2 mile | | |
| radius) | | |
| I give permission for my child to have sun cream applied | | |
| (NURSERY CHILDREN ONLY) | | |

Safeguarding of our children is paramount. Please can you complete this section to communicate with us who is authorised to collect your child from school. (It is assumed people on this list have given their consent to be named).

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PLEASE NOTE - THE CONTENTS OF THIS FORM CAN BE UPDATED ON THE SCHOOL APP