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**Headteacher:**  
Mrs Alexandra Beardmore

*"Be The Best You Can Be"*

USE OF YOUR CHILD'S IMAGE – <u>initial</u> where you <u>do</u> consent and <u>leave blank</u> where you <u>do not</u> consent	Initials
I consent to images of my child being used for official school purposes of promoting or publicising the school and events in accordance with the school policy.	
I consent to images of my child being used on the school website, on websites of those organisations permitted to use images by the school and school managed Social Network sites and I understand that these images will be available on the World Wide Web.	
I consent to images being used with my child's full name in news media.	
I consent to my child being included in any images taken by other parents/carers who wish to photograph or record school events for their own personal use.	
I agree that any images I might take at school events will not be used inappropriately or shared publicly without suitable consent from all others involved. <b>NB:</b> If you do not agree to this Governors reserve the right to take steps to prevent you from taking your own images or using/sharing any images that others have taken at school events.	

**THE GIVING OF NECESSARY PAIN RELIEF MEDICINE ONLY (Paracetamol)**

We will not give your child any medicine, including necessary pain relief, unless it is in line with our Supporting Pupils with Medical Conditions Policy (available on request) **and** you give your express consent here.

I consent to my child receiving necessary pain relief medicine (Paracetamol) in line with the school policy and as per my instructions or those of a medical practitioner. I understand that if my child will require the regular administration of medicine at school, even for a limited time, I **must** complete another form with full details e.g. what, when, dose etc.

<b>Signed:</b>		<b>Date:</b>	
<b>Print Name:</b>		<b>Relationship to Child:</b>	