|  |  |
| --- | --- |
| **FORM 4: PARENTAL AGREEMENT FOR RESPITE PROVISION** | |
| It is important that we have the following information and we will ask this question again from time to time to ensure that our records are accurate, and on occasion may need to see relevant proof. | |
| Are you receiving any benefits? | Yes / No |
| Is your son/daughter entitled to free school meals? | Yes / No |
| What is your child’s mobile telephone number? |  |
| The Jubilee Academy, we’d like to seek your consent for some of the ways we use your personal information and your child’s personal information.  **In relation to Parent/carer consent**  I give consent for you to contact me via the following to keep me updated as to what is happening at school – Please tick the relevant box(es) below:  Home and mobile phone numbers (including by text message)  Email address  Postal address  I give consent for you to share my contact details with external service providers that have been commissioned by the school to support my child  **In relation to young person personal information**  I confirm that I have parental responsibility for the above-named young person and that he/she is in good health and I consider them capable to take part in all daily school activities.  I give consent for the school to store and share relevant personal information about my child, in order to, provide the appropriate administrative and safeguarding support within the school and/or through key service providers commissioned by the school, i.e. the Department of Education, local authorities, school’s information management system provider, health and safety provider, IT support providers, youth services provider, catering provider.  I give consent for the school to store and share relevant personal information about my child to provide appropriate intervention support either within the school or with key service providers commissioned by the school i.e. educational psychologists, key workers, social workers, therapists, counsellors.  Where my child has a medical condition, I have given full details to The Jubilee Academy so that they can make appropriate arrangements. I consent to the storage and sharing of medical information about my child with those that are responsible for managing the administration of medication to my child and other service providers that may provide further medical support to my child i.e. local health authorities, education psychologists  I give consent for my child to take part in off-site educational trips, visits and activities. I understand that these activities will take place in a range of different locations including other schools, museums, theatres and parks which are open to the public; plus, off-site sporting fixtures outside the school day. I understand the school will send you information about each trip or activity before it takes place. I agree to provide a Doctor’s letter where requested by the school in regard to my child’s fitness to attend off site educational trips, visits and activities.  I give consent for the school to share key personal information with service providers when organising a trip/event and/or the delivery of an activity to ensure my child is fully supervised and safeguarded at all times.  I consent to any emergency treatment necessary to be given to my son/daughter whilst at school or involved in school activities. I authorise the supervising adult of The Jubilee Academy to sign, on my behalf, any written forms of consent required by hospital authorities should surgical operation, anaesthetics or serum injection be deemed necessary and provided that delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger the health and safety of my son/daughter.  I give consent for my son/daughter to access the Internet. I understand that The Jubilee Academy will take all reasonable precautions to ensure students cannot access inappropriate materials. I understand that the school cannot be held responsible for the nature or content of materials accessed through the Internet. I agree that the school is not liable for any damages arising from use of the internet facilities.  I understand that Sex and Relationship Education (SRE) is taught throughout the School. I give consent for my son/daughter to take part in these sessions wherever they take place.  I understand that staff at the school are likely to take pictures or videos of students undertaking a range of school events and activities. In the event of such images being taken, I understand that if my child is easily identifiable (e.g. a close facial shot) I will be informed before such images are used for public display. Please tick the relevant box(es) below  I am happy for the school to take photographs of my child.  I am happy for photos of my child to be used on the school website.  I am happy for photos of my child to be used in the school newsletter.  I am happy for photos of my child to be used in the school prospectus.  I am happy for photos of my child to be used in internal displays.  I am happy for photos of my child to be used on social media in accordance to the school’s social media policy  I am **NOT** happy for the school to take or use photos of my child. | |
| *Consent to using your child’s images will last throughout your child’s time at the school and will continue to apply for a short time after they leave (except for images published for historical purposes which may be kept for an extended period of time to show the history of the school).*  *You can withdraw your consent at any time and can do so by writing to info@thejubileeacademy.org.uk asking to stop using your child’s images. At that point they will not be used in future publications, but we cannot prevent them from continuing to appear in publications already in circulation.*    Signed: (Parent/Guardian) Date:  Name:  Home phone number:  Mobile phone number:  Email address:  Postal address: | |