ST. JOSEPH'S CATHOLIC PRIMARY SCHOOL
Dorset Road, Christchurch, Dorset, BH23 3DA
Headteacher: Elizabeth Rippon

Tel: 01202 485976
Fax: 01202 483092
Email: admin@stjosephs.dorset.sch.uk

GENERAL PERMISSION SLIP

1.USE OF PHOTOGRAPHIC IMAGES (INCLUDING VIDEOS) CONSENT FORM

At St Joseph's we sometimes take photographs/videos of pupils. We use these photos/videos on the school's website and on display boards around school. Very occasionally a publication like The Echo may take our photo. This often happens for our Reception class. We also have a twice-yearly sports newsletter which is sent out to parents.

We would like your consent to take photos/videos of your child, and use them in the ways described above. If you're not happy for us to do this, that's no problem – we will accommodate your preferences. Please tick the relevant box(es) below and return this form to school.

I am happy for the school to take photographs/videos of my child. ☐

I am happy for photos/videos of my child to be used on the school website. ☐

I am happy for photos of my child to be used in internal displays and photos/videos in school books and on IT equipment as evidence of work completed. ☐

I am happy for photos of my child to be used by local publications as long as the school informs me beforehand so I have the opportunity to opt out. ☐

I am **NOT** happy for the school to take or use photos of my child. ☐

I give permission for videos/DVDs that include my child to be shared with other parents (eg; play recordings, Year 6 Leavers' play, Christmas play) and I agree **not** to electronically share, by social media or other platforms, any part of the recording. ☐

If you change your mind at any time, you can let us know by emailing admin@stjosephs.dorset.sch.uk, calling the school on 01202 485976, or just popping into the school office. If you have any other questions, please get in touch.

Child's name: _____

Parent or carer's signature: _____

Parent's name printed: _____ Date: _____

2. OUT OF SCHOOL TRIPS IN LOCALITY PERMISSION SLIP

I/We give permission for _____ Class _____

to be taken on walks/trips in the local area.

Signed _____

Print name _____ (parent)

Date: _____

3. FOOD TASTING PERMISSION SLIP

I/We give permission for _____ Class _____

to participate in general cookery and taster sessions.

My child is allergic to _____

Signed _____

Print name _____ parent/guardian

Date: _____

This form is held in a class file and referred to when photographs are taken, local trips organised and food tasting planned as part of the curriculum.