



dallamcommunity

IMPORTANT

PARENTS- Please complete the forms and sign where indicated.

Student Name:	
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Permissions

PHOTOGRAPHY & USE OF IMAGES OF A STUDENT

Dear Parents/Carers

During the course of the three weeks there may be opportunities to publicise some of the activities that the student is involved with, this may involve filming or photographing students for use in local media, school publicity and website.

Whilst positive publicity benefits the school, if you do **not** wish your child to be photographed please complete and return the form below.

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PLEASE ONLY SIGN THIS FORM IF YOU DO **NOT** WISH YOUR CHILD TO APPEAR IN SCHOOL PUBLICATIONS ETC.

Name of child (block capitals):	
Name of person responsible for child:	
<i>Having read the statement above with regard to consent for images/photographs of my child, I do <u>NOT</u> give consent for pictures to be taken and used.</i>	
Signature of person responsible for the child:	
Relationship to the child:	

FIRST AID

If your child sustains a minor injury e.g. whilst playing sport, he /she may benefit from immediate First Aid care; administered by a member of the staff. The staff hold valid First Aid Certificates.

Please sign below to indicate whether you are in agreement for your child to receive First Aid treatment, when appropriate.

I (print name) _____ agree / do not agree for my child

_____ to be given first aid as required.

Signature : _____ Date: _____

MEDICATION

I agree to inform the school if the student brings prescribed /unprescribed medication to the school.

Signed : _____ Date: _____

FOOD ALLERGIES

Please use the space below to inform us of any food allergies that may cause or you have suspected to cause an allergic reaction

MEDICAL CARE

Whilst with Dallam, if your child requires an Accident or Emergency assessment a member of staff will take him/her to either the Westmorland General Hospital at Kendal or the Royal Lancaster Hospital or other local hospital if off the premises. If needed, an ambulance will be called.

EMERGENCY AUTHORISATION

I understand that in an emergency every effort will be made to obtain my consent to an operation / administration of an anaesthetic, but if this proves impossible I hereby give my consent for my daughter / son / ward to receive:

General Anaesthetic	
Yes** <input type="checkbox"/>	No <input type="checkbox"/>
*Signature: _____	Date: _____
Blood / Blood products	
Yes** <input type="checkbox"/>	No <input type="checkbox"/>
*Signature: _____	Date: _____
Emergency Medical Care i.e. First Aid / an operation	
Yes** <input type="checkbox"/>	No <input type="checkbox"/>
*Signature: _____	Date: _____
*(Parent or Guardian) ** please tick box to indicate your consent	