

St Augustine's Catholic Voluntary Academy

USE OF IMAGES CONSENT

Sometimes we take photographs or videos of children either at school or when they are involved in organised activities away from the school site. We may use the pictures or video recordings in school publications and our website. We may also make video or webcam recordings for use by the school. To comply with the General Data Protection Regulation (GDPR) 2018, we need your permission to photograph or make any recordings of your child.

Ocasionally, the school may be visited by the news media (usually local newspapers) to take photographs or film of an event at the school. Students will often appear in these images which will be published in local newspapers or even broadcast on television. Please note that their first name may appear with the photograph or video.

I PROVIDE CONSENT TO:	YES	NO
Using images of my child in school/trust publications eg newsletters		
Using images of my child on the school/trust website		
Using videos of my child on the school/trust website		
Using images of my child in displays around the school		
Using images of my child in marketing material		
Using images of my child on social media, including:		
* Facebook		
* Twitter		
Using videos of my child on social media, including:		
* Facebook		
* Twitter		
The local media (newspaper and television) using images of my child to publicise		
school events and activities		
The local media (newspaper and television) using videos of my child to publicise		
school events and activities		
Sharing my child's data with a school-appointed external professional e.g.		
photography company for individual and class photographs. This includes the		
following:		
* Name		
* Class		
* Admission Number		

DECLARATION:

	My decision on whether to give consent will remain valid for my child's time at the school, unless
not	ify the school to the contrary. I understand that I can withdraw this consent at any time, either in
wri	ting or on the consent form.

J				
Office Use Only:				
Signature of Parent/Carer:	Date:			
Name of Child:	Class:			
☐ I confirm that the above information is true. I undertake to inform the school of any changes to the above details.				
SIGNATURE OF PARENT/CARER				
□ Yes □ No				
In case of accident or illness, I consent to any necessary medical treatment which might include anaesthetics.				
MEDICAL CONSENT I undertake to inform the school as soon as possible of any relevant change in medical circumstances in order to keep this information fully up to date.				
I do not consent to my child participating in trips within the local area $\hfill\Box$				
I consent to my child participating in trips within the local area $\hfill\Box$				
Please could complete the details below, indicating your consent for your child to participate in such trips.				
All learning outside of the classroom will be organised and run within the context of the Educational Visits Policy and operational guidelines of the School. Risk management will be conducted prior to the trips and the welfare of our children will be paramount. For each trip within the Stamford area, the class teacher will inform parents of when the trip will be happening before it takes place				
Trips within the local area may involve the children attending events at other local schools, completing geography or history work around Stamford and its culture, looking at local wildlife and nature or completing art projects.				
* local trips within the school day around the Stamford area				
To make the system manageable, we are asking for you to give permission for your child to take part in all learning activities outside of the classroom that take place as follows: * within the school grounds;				
Government legislation and guidance require that you should give school site on an officially organised educational visit.	permission every time you child leaves the			