



PENSBY PRIMARY SCHOOL

Greenbank Drive, Pensby, Wirral CH61 5UE

Telephone: 0151 348 4145 Fax: 0151 342 0240

Email: schooloffice@pensby-primary.wirral.sch.uk <http://pensbyprimaryschool.org/>

Headteacher: Mrs K Brown

DATA CONSENT FOR ACADEMIC YEAR 2018/2019

Under GDPR it is essential that we seek annual consent for the activities below and attached and make you aware of how you can opt in and out. We are asking you to give your wishes in regards to consent for the 2018/19 academic year. Key policies detailing these activities can be found on the school website at <http://pensbyprimaryschool.org/> (Data Protection and Security Policy).

Names of children in the school

Child 1	
Child 2	
Child 3	
Child 4	

DATA CONSENT SECTION

DATA PROTECTION AND SECURITY POLICY	I have read the Data Protection and Security policy and know it guides me on how the school uses data, where it is stored and how I can access my data. It also tells me how I can request my data.	YES/NO (please circle)
--	---	---------------------------

ACKNOWLEDGEMENT OF OTHER SCHOOL PROCESSES REQUIRING CONSENT

SCHOOL VISITS TO LOCAL AREA	During the year, the classes may take part in short trips in the local area and walk to those venues e.g. the library, the local church, local schools. I acknowledge the need for my child/ren to behave well on any visits. I understand that the member of staff in charge of the visit will be acting in loco parentis and in the event of an accident I agree to my child/ren receiving emergency medical treatment as required. I understand that before any local visit, I will be informed of the visit and will therefore be given to opportunity to withdraw my permission for my child/ren to attend at this stage, by writing to the Headteacher	YES/NO (please circle)
FOOD ALLERGY INFORMATION	During lessons in school your child/ren may be given the opportunity to taste/eat food. Families of pupils with known food allergies will be informed of any food based activities before they take place so giving them the opportunity to withdraw their child/ren from the activity, or for the activity to be adjusted if it can be to address the allergy. I give permission for my child/ren to take part in food based activities. Advice is given below on an foods my child/red cannot eat. Child's name _____ Foods that cause allergy so must not be eaten _____ _____ (please add information for another child on a separate piece of paper)	YES/NO (please circle)

Signature of parent/Guardian _____

Name of parent/Guardian _____ date _____

Please read and complete the attached Images and Videos consent form and Data collection sheet. Thank you.

