



Crowstone Preparatory School

Annual Global Permission Form

Dear Parents/Guardians/Carers,

Please complete this form to indicate your consent for your children to take part in various school activities. The School operates an "Opting-Out" system whereby forms need only be returned to the School if you do not wish your child(ren) to take part in a particular activity or event. Generally "Opting-In" is covered by completion of this form.

We will notify you of an activity or event in the usual way—either by text message, circular or via our website. The notification will also inform you of how to opt-out if you do not wish your child to participate. If no communication is received notifying the School of your decision to opt-out **we will assume that your permission is granted**. The only situation where this will not be the case is for School Trips involving a cost to you, the parent/guardian/carer.

I/WE, BEING THE PARENT/GUARDIAN/CARER, GIVE PERMISSION FOR:

Full Name of Child:

Class:

- To take part in:

- Educational Visits
- Walking/Coach/Rail/Private Car Travel to and from venues for Sports (including Swimming, Football Fixtures, Athletics Meetings, etc), Performances and Rehearsals/Educational Visits/etc.
- Walks e.g. Local Environment Study/Street Survey/Transport Survey/etc.
- Adventure Trips and Activity Centres (e.g. Danbury Outdoors, Beauchamps)

- For photographic images* (including still and moving images) to be taken:

- For photographic records of work, trips and School events such as Concerts, Drama Productions, Sports events or Educational visits, etc. where there is no copyright infringement.

**It is the custom and practice of most Independent Schools, and of this School, to include some photographs or images of pupils in the School's promotional material such as the prospectus, advertising and the School website. We would never disclose the full name or home address of a child. Parents who do not want their child's photograph or image to appear in any of the School's promotional material must make sure their child knows this and must write immediately to the Headmaster requesting an acknowledgement of their letter.*

- Authority to treat a minor:

- In the event that we cannot contact you in an emergency you hereby give permission for the School to call 999 and/or to contact a medical facility or properly qualified physician chosen by the School to provide proper treatment.

- Prescription and "Over the Counter" Medicines:

- You, the Parent/Guardian/Carer certify that you have on your file in the School Office a current and accurate profile of your child(ren)'s medical needs. You also give permission for prescribed and over the counter medication to be administered to your child(ren) upon instruction from you.

- Undertakings:

You, the Parent/Guardian/Carer:

- Do undertake to advise the School of any changes in your child(ren)'s medical conditions or requirements as soon as is practicable.
- Will ensure that your child will be equipped, where appropriate with asthma pumps, epi-pens and proper medicines.

We, the School/Headmaster:

- Will ensure proper risk assessments are conducted prior to each School/Class event.
- Will ensure that adequate supervision is provided to ensure the safety of your child(ren)
- Will ensure that no unnecessary risks are taken which could compromise the safety and well-being of your child(ren)
- Will ensure that activities and trips will be appropriate to your child(ren)'s age and ability.

Signed:

Parent(s)/Guardian(s)/Carer(s) on behalf of my/our child(ren)

On behalf of the School

Print Name

Print Name

Mr J.P. Thayer
Headmaster

Date:

Date:

Date: