



PERMISSION FORM 2011-2012

Child's Name:

Year Group:

Please read the following permission requests carefully and circle your response, as applicable.

<p>PHOTOGRAPHS and FILM FOOTAGE</p> <p>At times during the school year, your child may have their photograph taken, or may be filmed for use in lessons, school displays, the school website or in a media news item.</p> <p>Do you give permission for your child's image to be used in this way?</p>	<p>Yes</p> <p>No</p>
<p>LOCAL VISITS</p> <p>Pupils occasionally make visits to the local area which do not require payment, e.g. walks around the village, visits to the church.</p> <p>Do you give permission for your child to be included in local visits within walking distance of school, without prior notice?</p>	<p>Yes</p> <p>No</p>
<p>NATURAL TREATMENTS</p> <p>We are not allowed to administer creams or sprays for stings, bites, cuts, etc. However, we can use natural products, such as applying vinegar to a sting.</p> <p>Do you give your permission for your child to receive such treatments?</p>	<p>Yes</p> <p>No</p>

Parent's / Carer's Signature: _____

Date: _____