

Dear Parent/Carer

The form overleaf outlines the areas that as an Academy we need to seek parental permission for.

#### Medical Treatments

Very occasionally we may need to contact you because your child is unwell or has had an accident. We always try our very best to contact parents but this is not always possible, therefore it is extremely important that you read the required permissions overleaf and tick as appropriate. It is also important that you keep your contact information up to date.

#### Local area visits

On occasion teachers like to take the children out of school on visits to the local area. This is often linked to a topic. We will always seek permission if we want to take the children on trips further afield.

#### Diagnostic Assessments

From time to time teachers may feel that it is appropriate to carry out a Diagnostic Assessment on your child. These assessments are carried out in order to make sure that the school is providing your child with the best possible education for their needs.

#### Films

On occasion we show PG films in school, this is usually as part of a reward. Staff will make sure that the content is suitable for the age of the children.

#### Food Tasting

From time to time children will take part in cooking and food tasting activities; this is usually linked to a topic. Occasionally we have visitors in school who use food or we are invited off site to take part in food tasting activities.

#### Internet Use

Internet use is an integral part of learning within the school. Your child will be asked to use the internet on a regular basis for research and other purposes.

Please read this letter carefully and fill in the form overleaf.  
Once you have completed the form please return to the School Office.

Many thanks

R. Beckett

You may change your mind in relation to any of the consents that you have provided at any time. This includes withdrawing your consent to anything that you have agreed to here.

To withdraw your consent to any of the above, or otherwise amend your position, please write to us at:  
Willows Academy, Queensway, Grimsby, DN37 9AT and mark for the attention of Ruth Beckett, Associate Executive Principal.  
This consent will otherwise continue until your child leaves the Academy.

Parental Consent Form

<b>Medical Treatments</b>	
I give permission for a member of Willows Academy staff to request hospital treatment for my child in the event that I cannot be contacted.	Y/N
I give permission for wounds to be cleaned with water and cotton wool or non-alcohol based sterile wipes.	Y/N
I give permission for plasters to be applied if necessary.	Y/N
<b>Local Area Visits</b>	
I give permission for you to take my child out of the academy on class/school visits of the local area. These visits may include the Leisure Centre, John Whitgift Academy etc. Written permission will still be sought for visits that involve transport.	Y/N
<b>Diagnostic Assessments</b>	
I give permission for the Academy to carry out any diagnostic assessments that they feel necessary.	Y/N
<b>PG Films</b>	
I give permission for my child to watch PG certificate films.	Y/N
<b>Food Tasting</b>	
I give permission for my child to take part in food tasting and cooking activities and have noted on the data collection sheet any allergies or medical conditions that may affect my child taking part.	Y/N
<b>Internet Use</b>	
The school has a secure Internet Access Network. I am happy that my child is able to use this access.	Y/N

Child's Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/Carer Date: \_\_\_\_\_

If at any time you wish to change any of the permissions on this form, please come and speak to a member of the office staff.