



PUPIL PERMISSIONS BOOKLET

Name of child: _____

Year starting Longton Lane: _____

Name/s of parent/s: _____

(Persons named must have parental responsibility for the child)

Permissions given in this booklet will remain in place for the duration of the pupil's time at Longton Lane.

If permissions or medical needs change, it is the responsibility of parents to contact the school office to complete a new booklet.

PERMISSION SLIP FOR MEDICAL ATTENTION

I give permission for the school to act on my behalf to seek medical or hospital treatment in the event of an accident or illness at school. **YES/NO**

NOTICE OF MEDICAL CONDITIONS

My child is known to have asthma. **YES/NO**

I have provided asthma inhaler(s) and spacer for use in school as detailed on the asthma care card. **YES/NO**

I have completed an asthma care card. **YES/NO**
(care cards may be obtained from the school office)

Please give details of any conditions your child is known to have.

I have provided a copy of my child's care plan. **YES/NO**
(if applicable)

My child requires medication during the school day. **YES/NO**
(if yes, please request a medication permission sheet from the school office)

I give permission for my child to taste different foods during class activities. **YES/NO**
(Please note known allergies or dietary restrictions (e.g. vegetarian))

Print Name _____ Sign _____ (Parent or Carer)

Date _____

CONSENT FORM FOR SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES

(This form covers consent for all off site activities for the duration of your child's time at the school/

Please sign and date the form below if you are happy for your child:

- a) To take part in school trips and other activities that take place off school premises; and
- b) To be given first aid or urgent medical treatment during any school trip or activity.

Name of child: _____

Date of birth: _____

Please note the following important information before signing this form:

The trips and activities covered by this consent include;

- all visits (including residential trips) which take place during the holidays or a week-end
- adventure activities at any time
- off-site sporting fixtures outside the school day
- all off-site activities for nursery schools.

The school will send you information about each trip or activity before it takes place. You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity.

Written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, year-group visits to local amenities – as such activities are part of the school's curriculum and usually take place during the normal school day.

Please complete the medical information section below (if applicable) and sign and date this form if you agree to the above.*

Medical Information;

Details of any medical condition that my child suffers from and any medication my child should take during off-site visits: _____

Print Name _____

Sign _____

(Parent or Carer)

Date _____

PERMISSION SLIP FOR TEXTING SERVICE

I give permission for school to use a texting/email service for communication between school and home for children's activities, awards, certificates, newsletters and general well being. **YES/NO**

Email address one _____

Email address two _____

(School can only add people who hold parental responsibility for the child, any other family members may download our app for information and updates)

Mobile Number _____ (primary contact)

Print Name _____ Sign _____ (Parent or Carer)

Date _____

REQUEST FOR SCHOOL APP REGISTRATION

School has an app which is directly linked to our website, it will show news, galleries and other school events, you will also be able to book appointments for open evenings, letters for your child's class and the newsletter. If you would like a logon id for the app, please complete the slip below.

YES/NO

Email address one _____

Email address two _____

(School can only add people who hold parental responsibility for the child, any other family members may download our app for information and updates)

Mobile Number _____ (primary contact)

Print Name _____ Sign _____ (Parent or Carer)

Date _____

PERMISSION SLIP FOR PHOTOGRAPHY

I give my permission for the school to take and use pictures showing my child and/or their work. These images may be used on the School Website or in the School Brochure/Newsletter. Photos may also be used in Kid Zone and Rainhill High School as well as local newspapers. **YES/NO**

Print Name _____ Sign _____ (Parent or Carer)

Date _____

HOME SCHOOL AGREEMENT

I have signed and returned my child's home school agreement and agree that this is in place for the duration of my child's education at Longton Lane. **YES/NO**

Print Name _____ Sign _____ (Parent or Carer)

Date _____

PUPIL ACCEPTABLE USE

USING THE INTERNET RESPONSIBLY

These rules help to keep everyone safe:

I will only use the internet with permission from a member of staff and for school purposes

I will only use my own network login and password and will not share it

I will only open and delete my own work/files

I understand that I must not bring my own software or discs into school

I will never put personal information e.g. address, photos of me, telephone number on the internet and I will never ask for anyone else's personal details.

If I see anything that worries me on the internet I will tell a member of staff immediately.

I will only email people with my teachers permission

I will only use my class email address or my own school email address when emailing.

I will only open email attachments from people I know, or who my teacher has approved.

I will make sure that all my ICT contact is responsible, polite and sensible.

I will be responsible for my behaviour when using ICT because I know that these rules are to keep me safe.

I know that my use of ICT can be checked and my parent / carer contacted if a member of school staff is concerned about my safety.

If I bring a mobile phone into school (for safety when walking home) I will hand it to my teacher to keep it secure for the day.

Pupil—I am signing to say that I agree to the above internet safety rules;

Reception Sign _____ Date _____ (pupil)

Year 1 _____ Date _____ (pupil)

Year 2 _____ Date _____ (pupil)

Year 3 _____ Date _____ (pupil)

Year 4 _____ Date _____ (pupil)

Year 5 _____ Date _____ (pupil)

Year 5 _____ Date _____ (pupil)

I have read the internet safety rules and will discuss them with my child. I understand that my child will be sending and receiving emails and will have access to the internet to support their learning in school. I understand that the school has a firewall system which restricts sites available to pupils, in accordance with Local Authority policy

Sign _____ Date _____ (Parent / Carer)