

displays.

YES

NO

Consent form for taking and using photos

The					
The Discovery School					
Child's name:	Child's Date of Birth:				
Dear Parents/Carers					
At The Discovery School we take photographs and film pupils as part of our core activity of education. During your child's time at The Discovery School this occurs as part of normal teaching, learning, assessment and safeguarding procedures and as such we do not need your permission for these activities.					
However, we are seeking your permission to take photographs ways described below.	s of your child and use them in the additional				
Why are we asking for your consent at this time?					
You may be aware that there are new data protection rules con Discovery School meets the new requirements, we need to ob- take and use photos of your child.					
We really value using photos of your child to showcase what the life is like to other stakeholders and the wider community, so we consent again.					
Furthermore, it is hugely beneficial to be able to easily identify needs to all staff, to safeguard and ensure their well-being.	children with educational, dietary or medical				
Please consider carefully the impact of not granting permission	n before you decide.				
Please tick and sign all the relevant boxes below, consider permission before you decide. Please return this form to school Thank you.					
I give consent for my child's photograph to be taken by the sch	nool photographer, commissioned by the				
School, to take individual, group, class and whole school photographs.					
YES NO Signe	ed				
I give my consent for photos and videos of my child to be used learning platform (name will be omitted).	I on the school website and/or the school's				
	ed				
I give my consent for photos of my child with their name to be	used in classroom, corridor and entrance				

I give my consent for photos of my child working in group activities to be included in school exercise books on the understanding that these may also be included in the books of the other children appearing in the					
photo.					
	YES		NO		Signed
I give my consent for photos and the name of my child to appear in local newspapers and magazines. Please note that some newspapers may require the child's full name and may store photographs for online use.					
use.	YES		NO		Signed
I give my consent for my child to be photographed and filmed by staff and fellow parents during school productions and events as long as it is made clear each time that these must only be used for personal viewing purposes and must not be published in any format, including on-line.					
	YES		NO		Signed
I give my consent for my child's image to be used for identification purposes should they have a specific educational, dietary or medical need which needs to be communicated to all staff for safeguarding purposes.					
	YES		NO		Signed
I give my consent for my child's named image and relevant information to be shared by designated school staff with adult volunteers on school trips or visits. (The image would only be used in the event of an emergency or for safety reasons and destroyed on return the contraction of the contractio					
to school).	YES		NO		Signed
I give my consent for my child's image to be used in our school's marketing publication. No names will be included.					
	YES		NO		Signed
This consent will remain in place until such time that you inform us otherwise. Should you wish to withdraw consent at any time, this must in writing and addressed to the Headteacher. If you have any questions, please contact the school office.					
Yours faithfully - Miss T Gobell (Headteacher)					
Parent or Carer's signature:					
Date:					
Relationship to	named	child:			