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**Watton Westfield Infant and Nursery School**

**Consent to use pupil data and for pupil involvement in activities**

This form is to be read and completed in conjunction with the **Privacy Notice for Pupils: How we use your child’s information** and the **Acceptable Use Policy for Pupils and Parents**. These are available on the school website (https://corvuseducation.com/) and from the school office upon request. Any indication of consent may be withdrawn by the parent or legal guardian at any time in the future by providing the instruction in writing to the school office.

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| Child's full name: | Child's date of birth: |

Please confirm if you consent to your child's information being used or shared in the following ways:

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| **Management & Safeguarding Information:** |
| I understand that the school uses a Management Information System called **Pupil Asset** to store and share information about my child’s attendance, progress and attainment, medical needs, special educational needs and behavior, and a Safeguarding Software Programme called **CPOMS** to record and track incidents which may affect my child’s welfare or safety. |

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| Type of consent: Photographic |
| During the school year your child’s photograph may be taken to support their learning and for displays. There may also be opportunities to publicise some of the activities your child is involved in. This may involve filming or photographing the children for use in the local media, on our website or social media, by school staff or photographers acting on our behalf. Any photography or filming will only take place with the permission of the headteacher and will always be under the supervision of school staff. Children will only be named if there is a particular reason to do so, and then be identified by first name only.  We believe that positive publicity benefits everyone in the school, however we will not involve your child without your consent.  Official individual school portraits and class/year group photographs are taken by Tempest Photography who will receive your child’s full name and class information to be able to process sales. Class/year group photographs are shared with other families with children in the same group, but no child is identified by name.  *I agree to my child’s photograph or video image to be shared as follows (please tick✓ all that apply):*  *Displays within school 🞏, School website 🞏, School social media 🞏, Local Press 🞏, Tempest Photography 🞏,*  *Comments if required:* |

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| **Type of consent: Email Communication** |
| It is our aim to reduce the amount of paper that we produce. With this in mind, we like to send out generic correspondence such as newsletters via email. Please provide an email address below and indicate if you would like to receive letters electronically or as a paper copy:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     ***I would like to receive generic correspondence (\*please delete): \*via email / paper copy*** |

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| Type of consent: Medical |
| Your child's medical information (e.g. GP practice, details of any known medical conditions and treatment) may be shared with other staff, medical and healthcare professionals as required to respond to an emergency situation or improve their health and development (e.g. emergency services, school nursing team, speech and language therapists, educational psychologists, GPs and community pediatricians).  *I give permission for my child’s medical information to be shared as above: Yes / No* |

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| **Type of consent: SEN&D** |
| Details of your child’s special educational needs and/or disabilities (if they apply) may be shared with other staff, medical and educational professionals **(e.g. school nursing team, speech and language therapists, educational psychologists, GPs and community pediatricians, Norfolk County Council Funding Panel)** in order to arrange and review support required in school or to apply for additional funding.  ***I give permission for my child’s special educational needs information to be shared as above: Yes / No*** |

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| **Type of consent: Intimate Care** |
| **Nursery**: We understand that Nursery children may be at different stages of toilet training and some may still be in nappies. Nursery staff will provide intimate care as required to include changing nappies, cleaning with wipes and applying nappy cream that has been provided by the parent or carer. Parents or carers will be informed daily about their child’s nappy care.  Nursery staff will provide physical comfort as required to help a child settle to sleep. This may include sitting them on their lap or gently rocking. Front to front contact is avoided and the child visible to other staff at all times.  **Main School**: Your child may need occasional help with changing or following using the toilet. Staff provide intimate care support on a **voluntary** basis and will encourage children to achieve independence in this area with dignity and respect. Parents or carers will be informed discretely if intimate care has been required and may be asked to supply spare clothes and wipes if necessary.  ***I give permission for my child to receive intimate care: Yes / No*** |

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| Type of consent: Educational Visits |
| As part of your child’s learning, we like to make use of our local environment and may visit places of local interest within walking distance of the school (e.g., other schools, churches, shops, galleries etc). Children are supervised by school staff at all times. A full risk assessment will be available for each visit. Separate consent is requested prior to any educational visit requiring moving transport.  *I give permission for my child to take part in local educational visits: Yes / No* |

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| Type of consent: ICT and Online Learning Platforms |
| We use online learning platforms to support your child’s learning and their information will be shared to create user accounts with (third party privacy notices are available on request from the school office):  Libresoft Librarian (school library)  DB Primary (educational games and homework)  Bug Club Online (reading support)  Espresso (educational games)  Clicker (reading and writing support)  Class Dojo (rewards system and home/school communication)  Go Read (reading record)  *I give permission for my child’s details to be used to create user accounts on the online learning platforms listed above: Yes / No* |

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| **Type of Consent: School Meals** |
| Your child’s name, class and medical information (food allergies etc) are shared with our school caterers, **Edwards & Blake**, to provide a school meals service at lunchtime.  ***I give permission for my child’s details to be shared with Edwards& Blake catering: Yes / No*** |

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| **PTA** |
| Please note that class lists may be made available to the PTA (Friends of Watton Westfield & Watton Junior Schools) in order to organise and run PTA events / label Christmas presents etc. These will be shredded after use. |

I confirm that I have read and understand the Privacy Notice for Pupils and the Acceptable Use Policy.

I confirm the information provided is correct and will notify the school office in writing of any changes.

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| Signature of parent or legal guardian: | Name of parent or legal guardian: | Date: |