



Personal Data Consent Form

At Appledore School we use information about your child in a number of different ways, and we'd like your consent for some of the ways we use this personal data by ticking the relevant boxes below and returning this form to school.

If you're not happy for us to use information in the ways we list below, that's no problem – we will accommodate your preferences. Similarly, if you change your mind at any time, you can let us know by emailing admin@appledore-primary.devon.sch.uk, calling the school on 01237 474365 or just popping in to the school office.

Child's name:	Date:
Use of photos	
	Tick (✓)
I am happy for the school to take photos of my child.	
I am happy for unnamed photos of my child to be used on the school website.	
I am happy for unnamed photos of my child to be used in the school newsletter.	
I am happy for unnamed photos of my child to be used in printed school materials.	
I am happy for photos of my child to be used in internal displays that on occasions may be named.	
I am happy for unnamed photos of my child to be used in the media, for example local newspapers.	
I am happy for the school to take videos of my child.	
I am happy for the school to use videos of my child for promotional purposes, such as on the school website.	
<i>(For parents of children in Foundation Stage, ie Turtles and Dolphins)</i> I am happy for my child to be in photos in recorded group observations included in another child's Learning Journey	
I am NOT happy for the school to take or use photos and videos of my child.	
Use of information for medical purposes	
	Tick (✓)
I am happy for the school to share information such as my child's height and weight with the NHS.	
I am happy for the school to share information such as my child's height and weight with the local authority.	
I am happy for the school to share information about my child (e.g., name) with health professionals doing vaccinations and vision checks.	
I am happy for the school to share information about my child (e.g., name) with educational psychologists.	
I am NOT happy for the school to use and share medical information in these ways.	

Signature: _____ Printed name: _____