



Consent form for taking and using photos

Child's name:

Child's Date of Birth:

Date:

Dear Parents/Carers

At West Kingsdown CEP we take photographs and film pupils as part of our core activity of education. During your child's time at West Kingsdown CEP 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 do seek your permission to take photographs of your child and use them in the ways described below. Please consider carefully the ramification of not granting permission before you decide.

Please tick all the relevant boxes, sign each item below and return this form to school.

I give consent for my child's photograph to be taken for the school photographer, Tempest, for individual, group, class and whole school photographs.

YES NO Signed.....

I give my consent for photos and videos of my child to be used on the school website.

YES NO Signed.....

I give my consent for photos of my child with their name to be used in classroom, corridor and entrance displays.

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.

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and events as long as it is made clear each time that these must only be used for personal viewing purposes and must not be published in any format including on-line.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. (These photographs will be displayed in the staff room and school kitchen only).

YES NO Signed.....

I give permission to participate in video conferencing. (Occasionally your child's class may talk to other children or an author for example, outside of the school under the supervision of their Class Teacher).

YES NO Signed.....

Please note: this form is valid for the period of time your child is on roll at West Kingsdown CEP. Where the consent is given for a specific reason e.g. medical condition etc. once this need ends the image will be destroyed by shredding.

If you wish to make any changes, please email the school office at office@west-kingsdown.kent.sch.uk or call the school on 01474 853484, and we will supply you with a new form. If you have any questions, please contact the school office.

Why are we asking for your consent again?

You may be aware that there are new data protection rules coming in from 25th May 2018. To ensure West Kingsdown CEP meets the new requirements, we need to obtain your consent under the new regulations to take and use photos of your child.

We really value using photos your child to showcase what they do in school and demonstrate what school life is like to other stakeholders and the wider community, so we really appreciate you taking the time to give consent again.

Furthermore, it is hugely beneficial to be able to identify children with educational, dietary or medical needs to all staff, to safeguard and ensure their well-being.

Mrs S Phillips
Headteacher

Parent or carer's signature: _____

Date: _____

Relationship to named child: _____