



Consent form for taking and using photos

Child's name:

Child's Date of Birth:

Date:

1 SIMS - I give consent for my child's photo to be stored in SIMS (School Information Management System) as part of their individual data file.

YES NO Signed.....

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

YES NO Signed.....

3 WEBSITE - I give my consent for photos and videos of my child to be used on the school website and/or the school's learning platform (name will be omitted).

YES NO Signed.....

4 DISPLAYS - I give my consent for photos of my child and their first name to be used in classroom, corridor and entrance hall displays.

YES NO Signed.....

5 SCHOOL BOOKS - I give my consent for photos of my child (no name) to be used in exercise books of other children to document learning when working in groups.

YES NO Signed.....

6 MEDIA- 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.....

7 IDENTIFICATION - 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 medical room, staff room and school kitchen only).

YES NO Signed.....

8 TRIPS - I give my consent for my child's named image to be taken by the adult in charge on school trips or visits using school devices.

YES NO Signed.....

9 VIDEO CONFERENCING- 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.....

10. ONLINE MESSAGING PLATFORM - I give permission for my child's photo and first name (with first initial of last name where needed) to appear in communication on an online messaging system such as Class Dojo, which is only visible to our school community, both on the class page and also on the whole school page.

YES NO Signed.....

Please note: this form is valid for the period of time your child is on roll at Pembury Primary School. Where the consent is given for a specific reason e.g. a trip, 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@pembury.kent.sch.uk or call the school on 01892 822259, and we will supply you with a new form. If you have any questions, please contact the school office.



Mrs H Walters
Headteacher

Parent or carer's signature: _____

Date: _____

Relationship to named child: _____