

Annual Consent Form

	Yes	No
From time to time, the health board request names of children, addresses and date of birth for their records for vaccinations, hearing and vision tests and also the dentist. Do we have your consent to pass on these details from our records?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to your child participating in Stay Safe/RSE lessons?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to your child being filmed during certain school events e.g. Concerts, Confirmation, Communion etc?	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission for your child's photograph to be taken in school. Photo's may be used in newspapers, on noticeboards or on the school website/Parents Association Facebook Page. (Your child will not be named on the website.)	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission for your child to travel to various sporting events/activities during the course of the school year, and for your child to avail of lifts with other parents/teachers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission for your child to take part in educational trips/tours away from school?	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission for your child to leave school to serve Mass? (3rd to 6th classes only)	<input type="checkbox"/>	<input type="checkbox"/>

I/we have read the Code of Discipline with my/our child/children and we agree to abide by it.

Signature of Parent(s) _____

Address: _____

Date: _____

Pupil's name: _____

Class : _____