



Egremont Primary School



Church Street, Wallasey, Wirral, CH44 8AF

Headteacher: Mrs C. Spinks

Tel: 0151 638 5406



Egremont Primary






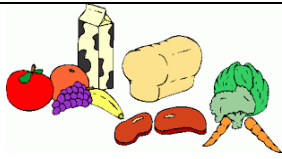
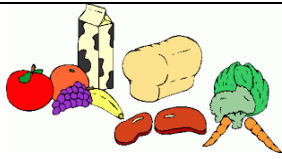


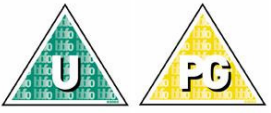
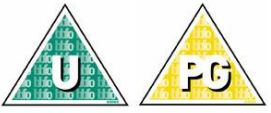
Email: schooloffice@egremont.wirral.sch.uk
Website: www.egremont.wirral.sch.uk



@EgremontPrimary

Child's Name: _____ Class: _____

My son/daughter is a pupil of Egremont Primary School and I give consent to the following:

	<i>I give permission for...</i>	Yes	No
	Photographs for internal use	<input type="checkbox"/>	<input type="checkbox"/>
	<i>I give permission for...</i>	Yes	No
	Photographs for school website/twitter account	<input type="checkbox"/>	<input type="checkbox"/>
	<i>I give permission for...</i>	Yes	No
	First aid, including application of plasters	<input type="checkbox"/>	<input type="checkbox"/>
	<i>I give permission for...</i>	Yes	No
	Supervised access to the internet	<input type="checkbox"/>	<input type="checkbox"/>
	<i>I give permission for...</i>	Yes	No
	Access to and use of Virtual Learning Environment (VLE)	<input type="checkbox"/>	<input type="checkbox"/>
	<i>I give permission for...</i>	Yes	No
	Cooking activities	<input type="checkbox"/>	<input type="checkbox"/>
	<i>I give permission for...</i>	Yes	No
	Food tasting	<input type="checkbox"/>	<input type="checkbox"/>
	<i>I give permission for...</i>	Yes	No
	My child to go on walks in the local environment	<input type="checkbox"/>	<input type="checkbox"/>
	<i>I give permission for...</i>	Yes	No
	My child to partake in gardening activities	<input type="checkbox"/>	<input type="checkbox"/>
	<i>I give permission for...</i>	Yes	No
	My child to watch U rated films	<input type="checkbox"/>	<input type="checkbox"/>
	<i>I give permission for...</i>	Yes	No
	My child to watch PG rated films	<input type="checkbox"/>	<input type="checkbox"/>

ALLERGIES

Please list any known allergies, dietary requirements (including religious requirements) or food intolerances that your child may have:

Vegetarian



Nut Allergy

Dairy Allergy

Other Allergy
(Please give details below)

Additional Information:

MEDICAL NEEDS

	<i>Need:</i>	<i>Yes</i>	<i>No</i>
	My child has asthma and requires an inhaler.		
	I give permission for an school inhaler to be used in case of an emergency		
	My child has allergies and requires an adrenaline auto-injector.		
	I give permission for an school adrenaline auto-injector to be used in case of an emergency		

Additional Information:

It is the duty of care of the parents to ensure that their child has an inhaler and auto-injector in school with them every day. Please also be aware of expiration dates on medication and think about renewing them at least annually.

The information on this form will be kept on file and will need to be updated annually. You must inform the school of any changes to your child's needs as soon as possible.

Parent/Carer's signature: _____ Date: _____