



Bunscoil Mhuire, O'Brien's Place, Youghal, Co. Cork

Tel: (024) 93234 Email: secbsm@eircom.net Website: www.bunscoilmhuireyoughal.weebly.com

Consent Form

Name of Child: _____ Date: _____

The following forms once signed by a parent/guardian remain current for the duration of the child's primary school education unless withdrawn by parent/guardian.

Permission to give a change of Clothes:

I give permission for my child to be given a change of clothes should the need arise.

Signed: _____ (Parent/Guardian) Date: _____

Permission for Outings and School Activities outside of School Grounds:

I give permission for my child to participate in outings and activities outside of the school grounds.

Signed: _____ (Parent/Guardian) Date: _____

Accident and/or Emergency:

I give permission for the staff of Bunscoil Mhuire Youghal to act on my behalf in case of emergency or accident and to take such action as may be necessary for the benefit of my child. This decision is to be taken by the staff member in charge at the time of the accident/emergency.

Signed: _____ (Parent/Guardian) Date: _____

Permission to be Photographed or Video Recorded:

I give permission for my child to be photographed or video recorded during school activities. Photographs/videos may be used for displays in school and in local and national publications and for Open Days.

Signed: _____ (Parent/Guardian) Date: _____

Permission to Participate in Food Tasting:

I give permission for my child to taste food in school. (It is the responsibility of parents/guardians to notify the school of food allergies)

Signed: _____ (Parent/Guardian) Date: _____

Permission for Withdrawal from Class:

I give permission for my child to be withdrawn from class in a group or individually for learning or supplementary teaching support and assessment.

Signed: _____ (Parent/Guardian) Date: _____

Permission to publish Photographs and Work on School Website:

I give permission to allow group and class photographs, which include my child, and samples of work to be published on the school website. **Individual** **Class** Please tick one or both

Signed: _____ (Parent/Guardian) Date: _____

Permission to Consult Outside Agencies:

I give permission for the teaching staff and school authorities to consult with outside agencies if required on behalf of my child.

Signed: _____ (Parent/Guardian) Date: _____