

Parental Permission Form

We ask your permission for your child to participate in certain activities. In order to cut down on unnecessary paperwork and simplify record-keeping, we have decided to include as many permissions as possible on one sheet. Please read carefully each of the items below and tick the relevant box. Not all items may be relevant to your child this year, but they probably will be at some stage in the future. If you have any concerns regarding any of the items below please feel free to contact the class teacher or principal.

I hereby give permission for my child in relation to the following:	Yes	No
Go on school tours, local educational visits/field trips and participate in school activities (e.g. matches, quizzes, choir etc)		
On occasions such as Communion, Confirmation and other school events, local press photographers take group photos of children and in some instances identify the children by name. Do you agree to the school using your child's image in this way? (Please remember that removing a child from a photo of the rest of the class can be quite upsetting for the child).		
Can we use your child's name (not photo) in relation to publicising school events and activities in our newsletter, website and similar publications?		
Images of your child and his/her work may appear on our website. Images may be of individuals or groups. Do you agree to the school using your child's image in this way?		
The school teaches 'Stay Safe' lessons on personal safety & protection and RSE (relationships & sexual education) lessons on developing and changing. Both are recommended and vetted by the Department of Education and Skills. Lessons are developed using suitable content and appropriate language for each class. Can your child		

participate in these lessons?		
Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident? (In a non-emergency it is the school's policy is to inform parents/guardians if their child has had an accident in school which may require them to collect their child and take him/her home or to hospital or doctor). In an emergency it may be necessary to take the child to hospital/doctor and inform parents/guardians afterwards.		
I give permission to allow my child to attend the Learning Support/ Resource teacher if deemed necessary.		
I give permission to allow my family details (name, address, date of birth etc), to be given to agencies eg (HSE, School Nurse, Doctor, Dentist).		
I acknowledge that I have read and accepted the following school policies: Code of Behaviour, Anti- Bullying, Substance Use, Internet Use and RSE (these can be found on www.scoildeancussen.ie under the 'information' tab). I will discuss and explain the above with my child.		

Name of pupil_____

Date_____

Class Teacher_____

Signature of Parent/Guardian_____