

**PARENT'S CONSENT TO DISPLAY PHOTOGRAPH AND INFORMATION ABOUT
ALLERGIES OR MEDICAL NEEDS IN CLASSROOM AND OFFICE**

Child's name:

Date:

Dear Parent/Carer,

We would like your consent to take photos of your child and use them in the ways described above. If you're not happy for us to do this, that's no problem – we will accommodate your preferences. If you change your mind at any time, you can let us know by contacting the school office.

Thank you for your co-operation

Yours sincerely

Sarah Helm
Head Teacher

Please tick the relevant box(es) below and return this form to the school office

I am happy for the school to display photographs of my child, alongside information about their allergies/medical condition.	
I am NOT happy for the school to display photographs of my child, alongside information about their allergies/medical condition.	

Signed (parent/guardian):