



Our Lady's Grove Primary School

ANNUAL CONSENT

Child's Name _____

Please consent to the following permissions in respect of your child

1. We/I consent to allow my child to leave the school with appropriate teacher supervision for school outings/field trips/sport activities/trips to cinema during the school year.

2. We/I consent to allow my child, in the case of an emergency to be taken to a doctor/ Swift clinic/hospital in the company of the principal/deputy/ senior management and/or class teacher. The school will make every effort to inform you in advance.

Please provide an emergency contact in the event that we cannot reach Parents/Guardians.

Emergency Contact Name _____ Emergency Contact Number _____

3. In the event of a critical incident, we/I consent to allow my child, in a group context to engage with an appropriate support agency in the immediate aftermath of a critical incident in the school.

4. We/I consent to allow my child to be included in group photographs taken in school, at annual school/sports events/school tours and uploaded to our school website.

5. We/I consent to allow my child to be withdrawn from class by Learning Support teachers for Diagnostic Testing and if needed to attend Learning Support/Resource/EAL (English as an Additional Language). You will be given prior notification.

6. We/I consent to allow my child's details to be forwarded to the HSE for purposes of inoculation, hearing tests, vision tests, dentist, Covid-19 Contact Tracing etc.

7. We/I understand that the Board of Management cannot be held responsible for loss or damage to personal belongings left on school premises.

8. The relevant school policies are available on our website www.ourladysgrove.ie
It is the responsibility of the Parents/Guardians to read the policies and explain the contents to your child/ren where appropriate.

We/I understand that it is my/our responsibility to read and comply with rules and procedures laid out in the school policies.

Parent/Guardian Signature _____

Date _____

Contact Number _____

Parent/Guardian Signature _____

Date _____

Contact Number _____

The information contained in this form will be processed following GDPR regulations.