

## Loughries Integrated Primary School – Permission Form

Please circle as appropriate and return this form to School as soon as possible.

|                            |  |                       |  |
|----------------------------|--|-----------------------|--|
| <b>Preferred Surname:</b>  |  | <b>Class:</b>         |  |
| <b>Preferred Forename:</b> |  | <b>Date of Birth:</b> |  |

|  |     |    |
|--|-----|----|
| <b>Permission to Walk to Ards Evangelical Church</b>   |     |    |
| On Occasion throughout the year we will be using the facilities at Ards Evangelical Church. This will entail your child walking from Loughries IPS along the footpath up to the Church. Pupils will be accompanied by staff. |     |    |
| Permission to Walk to Ards Evangelical Church:<br>(Circle appropriate choice)  | Yes | No |

|   |     |    |
|---|-----|----|
| <b>Permission for Staff to Provide Intimate Care</b>  |     |    |
| Please see Intimate Care Policy available on our website.   |     |    |
| I am aware of the school's Intimate Care Policy and I give permission for the staff to provide appropriate intimate care support to my child in the event of a situation that requires their clothing to be changed e.g. toileting, water play etc. Parents of any child who has a soiling accident or girl who has an intimate female problem will be contacted by the school. (Circle appropriate choice) | Yes | No |

|   |     |    |
|---|-----|----|
| <b>Internet &amp; Photograph Permission:</b>  |     |    |
| Permission for my son/daughter to use the Internet in School via MY-School.   | Yes | No |
| Permission for my child's photograph to be taken and to appear on the school's website.   | Yes | No |
| Permission for my child's photograph to be taken and to appear in the local press.  | Yes | No |
| Permission for my child's photograph to be taken for in school purposes e.g. pupil of the week, collecting curriculum evidence. | Yes | No |
| Permission for my child to be recorded on video for school purposes and for this to be uploaded onto the school's website.      | Yes | No |
| Permission for work to be displayed in school and on the school website.  | Yes | No |
| Permission for my child's photograph to appear on Facebook/social media   | Yes | No |

|   |     |    |
|---|-----|----|
| <b>First Aid Permission:</b>  |     |    |
| Permission for my child to receive basic First Aid care from a qualified member of staff and understand that this may include the application of plasters, ice packs and antiseptic cream/wipes in line with the Child Protection Policy. | Yes | No |

Signed: \_\_\_\_\_ (Parent/Guardian)      Date: \_\_\_\_\_