



Photographs for Medical Conditions and Allergies

Dear Parents and Carers,

As part of our strategy to safeguard your children we share with the staff in school information about children's medical conditions and allergies. This ensures that all staff are aware of your child and their needs.

To ensure that key information is shared with all staff we use a single image of your child alongside a brief description of their needs. This information is located in the staffroom and school kitchen. If your child is in Early Years it will be on display in the EYFS kitchen.

We are asking your permission for your child's image to be shared with this information within school in the staffroom and school kitchen.

To continue current practice, we need your written permission. This will be held on file and retained until your child leaves Archibald First School. If families wish to make any changes to the signed agreement it is your responsibility to inform the school in writing or by completing an updated form. You can do this at any time.

Thank you for your support with this. Please return the signed agreement by Monday 21st May 2018.

Should you wish to discuss any aspect of this please telephone school to arrange an appointment.

Yours sincerely

Rebecca Turner

MEDICAL CONDITIONS AND ALLERGIES: PHOTOGRAPH PERMISSIONS 2018
ONWARDS



These will be recorded on your child's records and will continue to apply throughout your child's time in Archibald First School. If you wish to make any amendments please do not hesitate to complete a new form or to contact school in writing.

Child's name:

PHOTOGRAPHS

I / we grant permission for my child's photograph to be displayed with their medical and/or allergy information within school.

I / we understand that they are used to help safeguard my child as a means of identifying their needs to all school staff.

I / we understand that these images are displayed in the staffroom, school kitchen and EYFS kitchen.

I / we acknowledge that the images and videos will only be used for the purposes stated and that I will inform you in writing if I / we wish to make any amendments.

Signed: **Date**

Signed: **Date**

I / we DO NOT grant permission for my child's photograph to be displayed with their medical and/or allergy information within school as a means of identifying my child to school staff who have a duty of care.

Signed: **Date**

Signed: **Date**