Dear Parent/ Guardian

There are occasions during the school year when the school wishes to take photographs or make a video recording of your child or children taking part in a school activity. Occasionally we are asked by the press and media if they can include our students in stories about the school and programmes including the school. We also like to display photographs of our students' success and work around the school, in brochures, within the school prospectus or on our website. Also, if your child has a serious medical condition it is vital the school can display copies of your child's photograph and contact details in staff rooms and certain offices for emergency medical reasons.

We would like to ask for your permission to use their name and to take photographs and / or videos for the above purposes.

- ☐ I give permission for photographs to be used on displays in School
- ☐ I give permission for photographs and details to be used for Medical purposes
- ☐ I give permission for photographs to be included in School Prospectus
- ☐ I give permission for photographs to be included on School Website

Or

- ☐ I **do not** give permission for photographs, video recordings or the name of my child to be used.

Broadway Academy also use biometric recognition to operate our automated cashless canteen and library system by the use of fingerprints. All biometric data is to be classed as personal data and as such will be processed in accordance with the principles of the GDPR regulations 2018. Fingerprint images will not be stored on the system, instead a set of co-ordinates is translated into a string of numbers and encrypted. The data held could not be used to re-create a fingerprint image, nor could it be used in a forensic investigation.

Tick ONE box below:

- ☐ I give permission for my child's biometric data to be captured for the cashless catering and library systems
- ☐ I do not give permission for my child's biometric date to be captured for use of the cashless catering and Library systems

Educational Visits/Activities Consent Form – PE Activities for the Academic

As part of their education the school require permission for your child to be educated off-site and after school at various times throughout the year. It is essential that this form is signed and returned if your child is to benefit from all the additional support, PE Activities, extracurricular activities and clubs provided by Broadway Academy.

I give my permission for my son/daughter to take part in the above mentioned school visits / activities throughout the academic year. I agree to his/her taking part in any or all of the activities described.
To the best of my knowledge my son/daughter is medically fit to take part in the activities planned and I consent to any emergency medical treatment necessary, during the course of the visits / activities. In the event of a medical emergency, every possible effort will be made to contact you.

Does your child suffer from any medical condition requiring regular treatment?		Yes		No	
If "Yes" please specify condition and treatment currently administered by doctor					
His/her National Health Service Medical Card Number is:					
Pupil's age:		D.O.B:			
Address:					
Emergency Tel No:		**Mobile No:**			

Insurance by the City Council covers all legal liability of the Council to young people on the visit but does not provide personal accident cover where the council has no liability. In consequence additional personal accident cover is advisable. Any student using their own car for transportation will be required to provide evidence of relevant driver's licence, insurance and MOT.
I understand that accidents can happen under almost any circumstances and that teachers accompanying the students cannot necessarily be held responsible for any injury or loss.

Pupil Name _____ DOB_____

Signed _____Parent / Guardian Date _____

PLEASE COMPLETE AND RETURN TO THE SCHOOL RECEPTION AS SOON AS POSSIBLE

Yours sincerely

R.T.Skelton

Mr R Skelton
Headteacher and CEO