



Dear Parents/Carers

RE: Local Trips

There may be times when we would like to take the children on local outings. These are usually on foot and could be to the Library, places of worships or the local environment.

The children will be accompanied by adults at all times.

Please sign the permission slip below to allow your child to attend local outings.

RE: Photography

There may be times when photos are taken to be used internally and/or on the school website. Please complete the slip below to give your consent.

Yours Sincerely

Ms C Cranham  
Headteacher

<p>I give permission for my child _____ to take part in local outings.</p> <p>Signed _____ Parent/Carer</p> <p>Date _____</p>
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<p>I am happy for my child to have their photograph taken</p> <p>Parent/Carer signature _____</p>	
<p>I agree to the use of my child's photograph to be used: (Please sign as appropriate)</p>	
<p>Internally</p>	<p>Website &amp; Publications</p>

My permission to do so will cover my child for the duration they attend Kensington Avenue Primary School.



## INTIMATE CARE PERMISSION FORM

PERMISSION FOR KAPS TO PROVIDE INTIMATE CARE	
Name of child:	
Date of Birth:	
Male/Female:	
I give consent for KAPS to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise KAPS of anything that may affect my child's personal care (e.g. if medication changes or my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and I will contact KAPS immediately if I have any concerns	<input type="checkbox"/>
<p>I <b>do not</b> give consent for my child to be washed and changed in case of a toileting accident.</p> <p>Instead, KAPS will contact me or my emergency contacts and I/they will organize for my child to be washed and changed.</p> <p>I understand that if KAPS cannot reach me or my emergency contacts; staff will need to wash and change my child, following KAPS's intimate care policy, to ensure comfort and remove barriers to learning.</p>	<input type="checkbox"/>
Name of parent / carer:	
Parent / carer signature:	
Relationship to child:	
Date:	

