Henleaze Junior School



PARENTAL CONSENT FORM – USE OF MEDICAL DATA

At Henleaze Junior School we use information about your child in a number of different ways, and we'd like your consent for some of the ways we use this personal data. If you're not happy for us to use information in the ways we list below, we will accommodate your preferences.

There are certain activities where we do not use consent as the basis for processing your child's data. These are described in our <u>Privacy Notice for Pupils and Parents</u> which can be found on our website. You can request a hard copy from the School Office.

Please be aware you can withdraw consent at any time. If you have any queries or wish to withdraw, or review your consent you can contact our <u>School Business Manager</u> or the school's Data Protection Officer

i-west@bathnes.gov.uk

We'd like your consent for some of the ways we store and share medical information about your child.

We'd like to:

- Share information about your child with health professionals coming in to school, for example to do vaccinations and eye tests
- Take information such as height and weight for public health monitoring initiatives

This makes it easier for us all to keep your child healthy.

Please complete the form overleaf



Henleaze Junior School Limited, registered in England and Wales under number 7763421, Registered office Henleaze Junior School, Park Grove, Bristol BS9 4LG



USE OF MEDICAL INFORMATION

Please tick the relevant boxes below, sign and return this form to school.

Use of information for medical purposes	l consent	l do not consent
I am happy for the school to share information such as my child's height and weight with the NHS .		
I am happy for the school to share information such as my child's height and weight with the local authority .		
I am happy for the school to share information about my child (e.g., name) with health professionals doing vaccinations .		
I am happy for the school to share information about my child (e.g., name) with health professionals doing vision checks .		

Child's full name:	Child's class:	
Signature of parent or carer:	Date:	
Print name of parent or carer:		