**Consent Form**

The school’s Data Protection Policy applies to the ***personal data*** held by the school’s Board of Management (BoM), which is protected by the Data Protection Acts 1988 to 2018 and the EU General Data Personal Regulation (GDPR)

The policy applies to all school staff, the Board of Management, parents/guardians, students and others (including prospective or potential students and their parents/guardians and applicants for staff positions within the school) insofar as the measures under the policy relate to them. Data will be stored securely, so that confidential information is protected in compliance with relevant legislation. St Cronan’s Junior National School Data Protection Policy can be viewed on our website [www.stcronansjns.ie](http://www.stcronansjns.ie) .

In accordance with our data protection policy we require your written consent for the following school activities:

It has been our practice to take photographs of the pupils engaged in school activities and events to celebrate our school

Please remember that at no stage will your child be named.

Please tick Yes or No to each request.

I consent to my child’s photograph to be displayed on:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| School noticeboards |  |  |
| School website |  |  |
| Class Blogs |  |  |
| School Twitter |  |  |
| School Publications eg Brochure/Newsletter |  |  |
| Local and National Newspapers |  |  |
| Seesaw App – parent agrees to Seesaw Privacy Policy |  |  |

I agree to the school contacting me regarding school business by

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Text Message |  |  |
| Email |  |  |
| Telephone |  |  |
| Zoom - password encrypted, parent agrees to Zoom Privacy Policy |  |  |

***None of the above apply in an emergency as then consent is not required***

***and we will use all options available to us.***

*Serious Medical Issues*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| I consent to complete the documentation required by the school in accordance with the school’s Administration of Medicine Policy |  |  |  |
| I consent to my child’s photograph with relevant details of a serious medical issue, treatment and who to contact within school etc to be displayed in the staffroom, yard book and classroom |  |  |  |
| I consent to allow my child to wear an armband in yard so that the teacher on duty will be aware a medical issue exists |  |  |  |

School outings within school time

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I consent to allow my child to go on school walks within the local environment eg nature walks/post office box/local shop, etc |  |  |
| I consent to allow my child to go to Fingallians’ GAA clubwhen the class is invited, for a school sports day |  |  |

Please read our admission policy prior to making application.

**Upon signing you are confirming that you and your child are agreeing to uphold all school policies. Mandatory policies are on our school website at** [**www.stcronansjns.ie**](http://www.stcronansjns.ie) **and the remainder are available on request.**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room No: \_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: (Parent or Guardian to sign below and return to the school)

Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_