



Parental Consent – Therapy Team

Child's name: _____

	Yes	No
I agree to my child being treated by a member of the therapy teams in line with the recommendations in his/her Education and Health Care Plan, or for additional assessment or treatment to meet identified needs. This may include the speech and language therapy, occupational therapy, physiotherapist or specialist therapist as required.		
I agree that my child's therapists can contact other professionals, in confidence, to exchange information to assist in the assessment and treatment of my child.		
I agree to my child being seen by a student speech and language therapist or occupational therapist under the supervision of a qualified member of the team.		
I agree to photographic and video recording being used for assessment purposes and to this material being used for information and training purposes within the school.		

Conditions:

- If we use photographs of individual pupils, we will not use the full name of that child in the accompanying text or photo caption. If we name a pupil in the text, we will not use a photograph of that child to accompany the article.
- From time to time, our school may be visited by the media who will take photographs or film footage of an event. Children may appear in these images, which will sometimes be published in local or national newspapers, or on approved websites
- Occasionally class staff and therapists use video to refer back to when working with pupils. This does not leave the school setting and is deleted when no longer needed
- We will not re-use any photographs or recordings after your child leaves this school. Historic photographs may remain on our school website and social media feeds.
- We will not use the personal details or full names (which means first name and surname) of any child or adult in a photographic image or video, on our website, on our social media platforms in our school prospectus or in any of our other printed publications.
- Websites and social media platforms can be viewed throughout the world and not just in the United Kingdom where UK law applies.

Withdrawing Consent

You are able to withdraw consent at any time. If you wish to do so, please contact us on:

Email: officemw@chilternwood.bucks.sch.uk

Phone: 01494 525728 or 01494 532621

Parent/Carer's Name _____

Parent/Carer's Signature _____

Date _____

June 2018