

## Foirm thoilithe ghinearálta

## General consent form

I rith na bliana, glacann na ranganna go léir páirt i ngníomhaíochta éagsúla taobh amuigh agus taobh istigh de shuíomh na scoile, ar nós: spóirt, turais, siúlóidí, snámh, OSPS (Oideachas Soisialta Pearsanta Sláinte).

During the school year, all classes take part in a variety of activities, both inside and outside the school premises, such as sports, trips, walks, swimming, SPHE (Social Personal and Health Education).

Tugaim cead go mbeidh mo leanbh páirteach sna gníomhaíochtaí thuasluaite.

I consent to my child's participation in the above activities.

Sea  
Yes

Ní hea  
No

Ar mhaithe le sláinte agus measúnú, tugaim cead don scoil sonraí faoi mo chlann (ainm, seoladh, dáta breithe srl) a thabhairt d'eagraisí sláinte, mar shampla an HSE, dochtúir, altra, fiacloir.

For health and assessment purposes, I give permission to the school to give my family details (name, address, DOB etc) to agencies such as the HSE, doctor, nurse, dentist.

Sea  
Yes

Ní hea  
No

Tugaim cead don scoil mo shonraí pearsanta (ainm, ríomhphost, fón) a chur ar fáil do Choiste na dTuismitheoirí, Choiste Cultúir agus coiste eile más ann dóibh, ionas go gcuirfear ar an eolas mé faoi imeachtaí atá ar siúl acu.

I give permission to the school to give my personal details (name, email, phone) to the Parents' Committee, Culture Committee and other committees, so that they can inform me of any upcoming events.

Sea  
Yes

Ní hea  
No

Tugaim cead don scoil mo shonraí pearsanta (ainm, ríomhphost, fón) a thabhairt don ionadaí ranga ionas gur féidir leis/léi teagmháil a dhéanamh liom faoi imeachtaí scoile.

I give permission to the school to give my personal details (name, email, phone) to the class representative so that he/she can contact me regarding school events.

Sea  
Yes

Ní hea  
No

**AINM I GCEANNLITREACHA**

NAME IN CAPITAL LETTERS

**Síniú**

Signature

**Dáta**

Date

**Ainm an linbh**

Child's name

**Príobháideacht sonraí Data privacy**

Má tá cead tugtha agam go mbeadh mo leanbh páirteach i ngníomhaíochtaí, nó má tá cead tugtha agam mo shonraí pearsanta a thabhairt d'eagraisí sláinte, do choistí scoile nó d'ionadaí ranga, tuigim go bhféadfainn an cead seo a bhaint am ar bith.

I understand that if I have given consent for my child to take part in activities, or if I have given consent for my personal details to be given to health agencies, school committees or to the class representative, that I can withdraw this consent at any time.

**Síniú**

Signature