



# Children's Hospital School

*'Better Together'*

## Consent Withdrawal Form – on behalf of Pupil

Please complete and deliver this form to the school office with your signature.

Please note that as a school we may have contractual, statutory and/or regulatory reasons why we will still process and hold details of a pupil, parent, staff member, volunteer or other person.

Where two parents share parental responsibility, or where PR is shared and the pupil is capable of expressing a view and there is conflict between the individuals the process of withdrawing consent will be subject to an evaluation and discussion to enable a decision to be reached that is considered to be in the pupil's best interests.

We may need to seek identification evidence and have sight of any Court Order or Parental Responsibility Agreement in some cases to action this request. If this is the case a senior member of school staff will discuss this with you.

## Withdrawal of consent on behalf of a pupil

I, ....., withdraw consent in respect of..... (Pupil Name) for The Children's Hospital School to process my personal data. I withdraw consent to process their personal data for the purpose of ....., which was previously granted.

I confirm that I am ..... (Parent/Carer) and that I have parental responsibility for the pupil.

Signed: .....

Date: .....

Received by The Children's Hospital

School staff member:

.....

Dated: .....

Actions:

