

Parental Waiver and Consent Form for Wearing Stud Earrings in School

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Group/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of the Waiver**

This waiver allows your child to wear plain stud earrings during the school day, under the following conditions. It acknowledges that the school has taken reasonable steps to minimise risk but cannot accept liability for any injury caused as a result of wearing earrings.

# School Policy Conditions

* Only small, plain stud earrings are permitted.
* Earrings must be removed or covered (e.g. with medical tape) during physical activity (PE, sports, etc.).
* The school will not assist with removing or taping earrings.
* Parents must ensure that children can remove or cover earrings themselves.
* The school reserves the right to ask for removal of earrings if they pose a safety risk.

# Parental Consent and Indemnity

I, the undersigned, understand and accept the risks associated with my child wearing stud earrings at school. I confirm that:

* I have read and understood the school’s policy on earrings.
* I accept full responsibility for any injury, loss or damage that may occur as a result of my child wearing earrings.
* I release the school, its staff and governors from any liability associated with the wearing of earrings.
* I will ensure my child understands how and when to remove or cover their earrings.
* I understand that failure to follow the policy may result in earrings being temporarily removed or a request to refrain from wearing them.

# Parent/Carer Declaration

Parent/Carer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# School Use Only (Optional)

Signed on behalf of the school:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To be scanned and uploaded to CPOMs on receipt by the school*