



Please return this form to main Reception at Lymm High School as soon as possible.

Full Name (Student) \_\_\_\_\_

Full Name (Parent/Carer) \_\_\_\_\_

Date \_\_\_\_\_

I give consent for measurements of my child's facial features to be taken and used for the catering service only.

Yes  No

I understand that I can withdraw this consent at any time.

Yes  No

Please select the appropriate option from the choices below.

I do give consent for measurements to be taken of my child's facial features.

I do not give consent for measurements to be taken of my child's facial features.

Signed (Parent/Carer) \_\_\_\_\_