Thurgoland CE Primary School
PUPIL INFORMATION AND CONSENT FORM

Child's Name:	Date of Birth:

Details of person completing this form

Full Name:		
Relationship to child:	Parental Responsibility? **YES / NO**	
Home Address: Post Code:		
Is the child resident at this address? **YES / NO** *(please delete as appropriate)*		
Home telephone:	Mobile:	Day/Work telephone:
Email address:		

Brothers and sisters		
Name	Date of Birth	School attending

Additional Parent Carer Information		
Full name:		
Relationship to child:	Parent responsibility? YES/NO	
Home address		
Is the child resident at this address? **YES / NO** *(please delete as appropriate)*		
Home telephone:	Mobile:	Day/work telephone:
Email address:		

EMERGENCY CONTACT NUMBERS (OTHER THAN YOURSELVES)

In case of accidents/illness please list contacts in priority order. Please ensure that you inform them that we hold their personal information and direct them to our privacy notice on the school website.	
I give my permission for the following people to collect my child in an emergency:	
1. Full name	2. Full name
(Mr/Mrs/Miss/Ms)	(Mr/Mrs/Miss/Ms)
Relationship:	Relationship:
Telephone:	Telephone:
Mobile:	Mobile:

SAFEGUARDING

Are there any issues that we need to be aware of in order to safeguard your child effectively in school? Please provide details:

MEDICAL INFORMATION

Doctor(s):
Doctor's address:
Doctor's telephone number:
MEDICAL CONDITIONS Does your child have any medical conditions which school needs to know about?
Does your child take medication? YES / NO (delete as applicable) If yes, please list the medication(s) and confirm whether it / they will need to be administered in school hours and *complete the Administration of Medication form available from school reception*.
Does your child use an asthma inhaler? YES / NO (delete as applicable)
Does your child have any food allergies / dietary needs? YES / NO If yes, please detail below:
Does your child have any other allergies ie plasters? YES/NO If yes detail below:

1ST LANGUAGE OF CHILD:
RELIGION:
ETHNIC ORIGIN: **(**i.e. White English, White Eastern European, White and Black Caribbean etc)

Name of child:	
PARENTAL PERMISSION - Safe Collection **I give permission for the following people to collect my child at the end of the school day:**	
1. _____ **2.** _____ **3.** _____	
EDUCATIONAL AND SPORTS VISITS **Please give permission by ticking the boxes below.** **I give permission for my child to:**	
Participate in educational visits arranged within the locality.	
Attend supervised clubs or sports events in the local area.	
USE OF PHOTOS AND VIDEOS **I give permission for:**	
The school to take photos of my child.	
Photos of my child to be used on the school website	
Photos of my child to be used in the school newsletter.	
Photos of my child to be used in printed school materials, for example, parent information booklets.	
Photos of my child to be used in the media (but not named), for example local newspapers.	
My child to be included in the annual class photograph.	
The school to take videos of my child.	
My child to take part in school performances which are filmed and for these to be circulated to parents, for example, class plays and infant nativity.	
MEDICAL CONSENT **I give permission for my child to:**	
Receive urgent medical treatment, as may be considered necessary by the medical authorities present, during any on-site or off-site activity.	
USE OF PARENT CONTACT DETAILS **I give permission for:**	
The school to use my contact details to contact me about fundraising activities, for example fundraising activities , sponsored events for charities..	
The school to use my email address to send me information about school events eg via the school newsletter.	
I/We consent to the school (through the head as the person responsible) obtaining, using, holding and disclosing 'Personal data' including "sensitive personal data" (such as medical information), for the purposes of safeguarding and promoting the welfare of our child, and where necessary, for the legitimate interests of the School and ensuring that all relevant legal obligations of the school and ourselves are complied with. I/We give my/our consent to such processing and disclosure provided that at all times any processing or disclosure of personal data or sensitive personal data is done lawfully and fairly in accordance with the General Data Protection Regulations 2018.	

Name of parent:_____

Parent or carers' signature: _____ Date:_____

Please note that you may alter this consent at any point by completing a new form, available from our school office.