

CHILD DETAILS, INFORMATION & ANNUAL CONSENT FORM

Academic Year
2013-2014

Date form completed:

There are times that we may need to contact you during the school day regarding your child. It is therefore very important that we have the correct contact names and numbers. Please can you complete this form to ensure we hold the correct details in school and if you have any queries or concerns please contact us.

If you change your contact information you MUST inform school ASAP

CHILDS DETAILS

Child's First name(s): Surname:

Child's Home Address: Date of Birth:

..... Gender:

Postcode: Home Language:

PARENTS / CARERS DETAILS

Please give details of all persons who have parental responsibility and place them in the order you wish them to be contacted in an emergency. Please give additional contacts where possible.

If parents do not live together but both wish to receive letters and information from the school please tick this box
(Please ensure that you supply an email address as we may keep you informed via email. Letters will also be available on the school website www.oakwoodjuniorschool.co.uk)

PLEASE WRITE CAREFULLY IN BLOCK CAPITALS

	1st Contact		2nd Contact	
Full Name				
Relationship to child				
Address (if different to above)				
Postcode				
Email				
Home tel:				
Mobile tel:				
Work tel:				
	Does child normally live at this address? Yes <input type="checkbox"/> No <input type="checkbox"/>	Parental Responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does child normally live at this address? Yes <input type="checkbox"/> No <input type="checkbox"/>	Parental Responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>
	3rd Contact		4th Contact	
Full Name				
Relationship to child				
Address (if different to above)				
Postcode				
Email				
Home tel:				
Mobile tel:				
Work tel:				
	Does child normally live at this address? Yes <input type="checkbox"/> No <input type="checkbox"/>	Parental Responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does child normally live at this address? Yes <input type="checkbox"/> No <input type="checkbox"/>	Parental Responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>

Office use only

e1

Text service

Emergency Print out

CHILDS DOCTOR & MEDICAL INFORMATION

If your child suffers from a known medical condition(s) or has any allergies it would be helpful if you could let us know any particular procedure to follow in order to support them in school. If these details change it is important you inform us ASAP.

Doctor's Name: Tel No:

Doctor's Address:

Has your child received a tetanus injection in the last five years? Yes No

Allergies - please state any known allergies (including food):

Medical Conditions - please state any known medical condition(s) (i.e. Asthma / Epilepsy):

Please inform school how to treat your child's medical condition (i.e. administer an inhaler when your child has an asthma attack):

Anything else you think the school should know:

For monitoring purposes only please indicate the ethnicity of your child

<input type="checkbox"/> White British	<input type="checkbox"/> White other (please state)
<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Asian (Indian, Pakistani, Bangladeshi)
<input type="checkbox"/> Black African	<input type="checkbox"/> Mixed heritage (please state)
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other ethnic group (please state)

Religion Yes, please state:
 None

My child normally: Travels by car Walks Takes the bus
 Car shares with another family Cycles Other transport (please state).....

I give permission for: (please tick box to show your agreement)

<input type="checkbox"/> My child to have their photograph taken for school publicity (displays, newspaper)
<input type="checkbox"/> My child to appear on the school website

Office use only e1 Text service Emergency Print out

Please read carefully before signing

OFF-SITE EDUCATIONAL ACTIVITIES & VISITS

In line with guidance issued by the Department for Education, we ask parents/carers to complete an annual consent form to gain permission for children to take part in school trips/other off-site activities and be given first aid or urgent medical treatment during the school trip or activity as considered necessary by the first aider or medical authorities present. This consent covers the student's participation in school visits and other offsite activities which may include adventure activities, residential visits and offsite sporting fixtures during and outside the school day.

Additional written parental consent will not be requested for the majority of off-site activities offered by the school. For example, a visit within the local area, as such visits are part of the school's curriculum and will usually take part during the normal school day.

The school will provide full information about each visit before it takes place and you can inform us if you do not want your child to take part in any particular school visit or off-site activity by sending a letter in to school.

Child's First name(s): Surname:

Date of Birth:

I give consent for my son / daughter:

- To take part in Educational Visits that take place away from the main School site
- To be given first aid or urgent medical treatment during any such activity which is considered necessary during the visit/activity. I understand that should medical treatment be necessary, every effort will be made to obtain my consent. However, in an emergency I authorise the party leaders to consent on my behalf to any medical treatment, which a medical professional feels is necessary.

Please note that any pupil with medical conditions such as asthma / severe allergy must bring their medication (eg. inhaler) with them on any school visit.

The information used by teachers in charge of each visit regarding a pupil's medical conditions and emergency contact information will be taken from the School database. It is essential therefore that this information is up to date. If your child's medical circumstances or emergency contact details change, you must notify the School immediately to ensure that the record is up to date.

Declaration:

This form will be used as the form of consent for all visits and activities (e.g. sporting fixtures, educational visits) during the academic year stated on this form.

- I have ensured, as far as I reasonably can, that my child understands that it is important that any rules or instructions given by the staff in charge are followed and I acknowledge that s/he must behave responsibly.
- I understand that it is my responsibility to update the school with any changes to medical conditions/ allergies and contact details
- I agree for my child to be transported where necessary by public transport or in the private vehicle of staff/volunteers supervising the visit.
- I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, as considered necessary by the medical professional present.

Signature of parent/carer: Date:

Name of parent/carer: