

DATA COLLECTION SHEET

Please complete the information requested below and return to the school office

Child's Details			
Surname:		Legal Surname:	
Forename:		Middle name:	
Chosen name:		Gender:	
Date of Birth:		School Year:	
Address:			
Postcode:			

Ethnicity:	
Home Language:	
Religion:	

Meal and Dietary Arrangements			
Dietary Needs:			
Dietary Preferences:			
Please tick the appropriate choice:			
Meal Arrangement:	School Meal	<input type="checkbox"/>	
	Packed Lunch	<input type="checkbox"/>	

Travel Arrangements											
Please tick the appropriate choice											
Walk	<input type="checkbox"/>		Car	<input type="checkbox"/>		Carshare	<input type="checkbox"/>		Bus	<input type="checkbox"/>	
Bicycle	<input type="checkbox"/>		Taxi	<input type="checkbox"/>		Train	<input type="checkbox"/>		Other	<input type="checkbox"/>	

Please provide details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency. (Please provide Date of Birth and National Insurance number for each person who has parental responsibility).

Priority:	Name/Relationship:	Home Address:	Work Address:
1	Name: Relationship: DoB: NI no:	 Tel: Mobile: Email:	 Tel: Mobile: Email:
2	Name: Relationship: DoB: NI no:	 Tel: Mobile: Email:	 Tel: Mobile: Email:
3	Name: Relationship: DoB: NI no:	 Tel: Mobile: Email:	 Tel: Mobile: Email:
4	Name: Relationship: DoB: NI no:	 Tel: Mobile: Email:	 Tel: Mobile: Email:

Medical Information

Medical Practice:	
Name of GP:	
Address:	
Telephone no:	
Medical Condition(s)	
Medical Note(s)	

Emergency Medical Treatment

I agree to a First Aider ensuring that my child receives the most appropriate care and treatment should a medical/dental emergency arise.

I agree to the registered First Aid person authorising hospital staff to administer essential treatment until my arrival.

I agree to the registered First Aid person accompanying my child to hospital in my absence. I understand I will be informed of an emergency or accident as soon as possible after the event.

Signed Parent/Carer 1	
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Signed Parent/Carer 2	
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I do not agree to the declaration above and would prefer the following procedures to be carried out in the event of an emergency:

Signed Parent/Carer 1	
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Signed Parent/Carer 2	
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Photography Consent

I give consent for my child's photograph to be taken and used for legitimate purposes, such as in school documents and in publications connected with school events.

I do not object to photographs being taken by others, for example parents and grandparents, during school events such as Sports Days, school plays and other such events which may include my child.

I understand that the school's protocol is not to attach my child's name to an accompanying photograph of them on the internet (e.g. school website) and only after gaining specific permission for other mass media productions (e.g. newspaper publications).

Signed:

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Additional Parental Consent

Please list below the names of those you consent to collect your child from school in your absence.

N.B. Only an adult with parental responsibility or those a parent identifies on this form (or subsequently identifies to school staff either in writing or verbally) will be allowed to collect your child from school. It will not be sufficient to give the collecting adult consent – we will not release your child into the care of anyone if we have not been informed by the parent of the child.

Those with parental responsibility plus:

Name:	Relationship:

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DCSF. Please refer to the school website for further details: <http://www.stpatrickslangleymoor.org.uk/>

Signature of Parent

Name (Printed)

Date

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