



# Lindridge St Lawrence CE VA Primary School

## Pupil Information and Parent / Carer Consent Form

| Pupil Details  |  |
|--|--|
| Pupil's legal surname:   |  |
| Pupil's legal forename(s):   |  |
| Pupil's 'known as' name if different from above:   |  |
| D.O.B (DD/MM/YYYY)   |  |
| Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick)  |
| Address and Postcode<br>(the address where your child resides for 4 or more days per week) |  |
| Ethnic origin  | <b>White</b><br><input type="checkbox"/> English<br><input type="checkbox"/> Scottish<br><input type="checkbox"/> Welsh<br><input type="checkbox"/> Cornish<br><input type="checkbox"/> White Eastern European<br><input type="checkbox"/> White Western European<br><input type="checkbox"/> Other White British<br><input type="checkbox"/> Irish<br><input type="checkbox"/> Traveller of Irish Heritage<br><input type="checkbox"/> Gypsy / Roma |



|                                |   |
|--------------------------------|---|
|                                | <ul style="list-style-type: none"><li><input type="checkbox"/> White – Other</li><li><b>Mixed</b></li><li><input type="checkbox"/> White &amp; Black Caribbean</li><li><input type="checkbox"/> White &amp; Black African</li><li><input type="checkbox"/> White &amp; Asian</li><li><input type="checkbox"/> Any other mixed background</li><li><b>Asian or Asian British</b></li><li><input type="checkbox"/> Indian</li><li><input type="checkbox"/> Pakistani</li><li><input type="checkbox"/> Bangladeshi</li><li><input type="checkbox"/> Any other Asian background</li><li><b>Black or Black British</b></li><li><input type="checkbox"/> Caribbean</li><li><input type="checkbox"/> African</li><li><input type="checkbox"/> Any other Black background</li><li><b>Other</b></li><li><input type="checkbox"/> Chinese</li><li><input type="checkbox"/> Any other ethnic background</li><li><input type="checkbox"/> I do not wish to give this information</li></ul> |
| <b>Language spoken at home</b> |   |
| <b>Religion</b>                | <ul style="list-style-type: none"><li><input type="checkbox"/> Christian</li><li><input type="checkbox"/> Hindu</li><li><input type="checkbox"/> Jewish</li><li><input type="checkbox"/> Muslim</li></ul>   |



|  |  |                       |
|--|--|-----------------------|
|  | <input type="checkbox"/> Sikh<br><input type="checkbox"/> Buddhist<br><input type="checkbox"/> No Religion<br><input type="checkbox"/> Other Religion<br><input type="checkbox"/> I do not wish to give this information |                       |
| <b>Parents in Armed forces?</b><br><br>(Refers to the regular forces and not the territorials) | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                       |
| <b>Parent / Carer Details</b>  | <b>First Contact</b>   | <b>Second Contact</b> |
| <b>Name</b>  |  |                       |
| <b>Relationship to pupil</b>   |  |                       |
| <b>Address</b>   |  |                       |
| <b>Home Telephone</b>  |  |                       |
| <b>Work Telephone</b>  |  |                       |
| <b>Mobile</b>  |  |                       |
| <b>Email</b>   |  |                       |



### Additional Emergency Contacts

Please provide details of two further persons who can be contacted if your child becomes ill or needs urgent attention.

| Emergency Contact Details   | First Contact | Second Contact |
|---|---------------|----------------|
| Name  |               |                |
| Relationship to pupil   |               |                |
| Address   |               |                |
| Home Telephone  |               |                |
| Work Telephone  |               |                |
| Mobile  |               |                |
| <b>Emergency Release –</b><br><i>I give my consent for my child to be released to the named person(s) in the event of emergency or illness, if I cannot be contacted (Yes / No)</i> |               |                |

### Travel to School

(Please tick the option that your child will use the majority of the time)

- Car
- Walk
- Bus
- Varies



**Siblings – older and younger**

| Name | DOB | Name | DOB |
|------|-----|------|-----|
|      |     |      |     |
|      |     |      |     |

**Pre-school attended. (For reception children only).**

Name of playgroup/nursery.....

**Previous schools and dates attended. (For children already attending school).**

| Name of previous school | Address | Dates attended |
|-------------------------|---------|----------------|
|                         |         |                |

**On-site activities**

*I give my permission for my child to:*

- Use the internet in line with the school's acceptable usage policy.
- Take part in food preparation/cooking and tasting activities (taking into consideration any medical needs or allergies identified below).
- Be involved in the school's worship assemblies / church services.

*Please outline any food allergies/specific dietary requirements:*

.....

.....



## Off-site activities

*I give my permission for my child to take part in:*

- Supervised visits/sports events to local destinations (within 3 miles) away from the main school site – either walking, by bus or (when informed) nominated responsible adult.
- Supervised one-day non-residential educational visits within the UK (These would still be subject to standard school letter/permission slips).
- Supervised Swimming off site (Tenbury Wells).

## Use of information and image (including photographs and video recordings).

*I give my permission for my child's:*

- Image to be used as part of school wall displays/class activities.
- Image (not named) to be used on the school website.
- Image (not named) to be used in the school prospectus.
- Image (not named) to be used in external media, e.g Local newspaper press release (Tenbury Advertiser, Temespan, Facebook).
- Image to be included in the School's formal class/whole school photographs (taken by Tempest Photography)
- Image to be included in the School's annual formal individual photographs (taken by Tempest Photography).
- Named work to be displayed around the school on wall displays.
- Videos recorded of school productions or activities (kept in school).

**Please note that you have the right to withdraw your consent for the sharing of personal information at any time. You can notify us of your consent withdrawal in writing by emailing us at [office@lindridge.worcs.sch.uk](mailto:office@lindridge.worcs.sch.uk).**

## Medical consent

*I give my permission for:*

- My child to be given first aid by a trained member of staff during any on-site or off-site activity.
- My child to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity.



- My child's information to be shared with the NHS and other relevant health professionals.
- Plasters to be applied to my child.
- Staff to administer the medicines as specified on signed Health-care forms.

*Please outline any medical conditions/allergies (including allergies to animals)  
(Please complete a health care plan if ongoing medication or support is required –  
available from the school office)*

.....

.....

.....

.....

### Medical Contacts

|                      |  |
|----------------------|--|
| <b>Doctor's Name</b> |  |
| <b>Surgery:</b>      |  |

### School events and PTA fund raising

*I give permission for the school and PTA to inform me via newsletters or texts to promote charity or fund-raising events*

- PTA events communication.
- Local church and community organisation events/activities.
- School activities and events out of normal school hours.
- Other school led clubs/events/trips which might be of interest to children and families.
- I give permission for the school's PTA to be given access to my child's first name, surname and class for the purposes of fundraising.



## Communication

*I give my permission for the school to contact me via:*

- Phone
- Email
- Text message

*The information in this form will be used throughout your child's time at school. You may withdraw your consent at any time by contacting the school. However, if the school believes there are significant safeguarding concerns, specific and relevant information may be shared with relevant authorities without permission being sought.*

*Please sign and date the form before returning it to the School Office.*

Signed: .....

Date: .....

## Important information:

This consent form has been created to ensure that the school complies with revised data protection guidelines – General Data Protection Regulations (GDPR) which come into force on 25<sup>th</sup> May 2018. As data controllers and processors we will always aim to ensure that we manage pupils' and families' data in ways which do not breach data protection regulations which determine that:

personal data should be:

- Processed fairly, lawfully and in a transparent manner.
- Used for specified, explicit and legitimate purposes.
- Used in a way that is adequate, relevant and limited.
- Accurate and kept up to date.
- Kept no longer than is necessary.
- Processed in a manner that ensures appropriate security of the data.

The data we hold in respect of your child will only be used for school purposes which relate directly to activities in support of your child.

**You are entitled to request access to any data we hold on your child at any time. The school has up to one month to reply to these requests.**



**To ensure we gain, where required, appropriate consent to support your child's education and welfare please indicate whether you have given your consent in each case by ticking the box on the left-hand side and then sign, date and return the form.**