Holy Souls RC Primary School

Pupil Information and Parental Consent Form

Pupil name: …… Class ……

Address: ……

Post Code: …… DOB: …… Sex: Male/Female

1. Medical information about your child:

a. Any medical conditions. **YES/NO**
If YES, please give brief details (including medication if required):

……

b. Please state any special dietary requirements (e.g. vegetarian, gluten free, dairy free, halal, but please note halal meat options are not available for school lunches):

……

c. For vegetarian meal options, does your child eat fish and/or eggs: **YES/NO**

d. Does your son/daughter have any allergies (including food, drinks, medicines, animals etc.)? If YES, please specify: **YES/NO**

……

e. When did your son/daughter last have a tetanus injection? (if known) ……

f. Name of family doctor: …… Medical Practice: ……

Address: ……

Tel. No: ……

Sun hats and Sun cream

On sunny days we would appreciate it if your child could bring a sun hat to school for outdoor activities. Please apply sun cream or even sun block in the morning before coming to school. If you would like school staff to supervise your child in applying the school's sun cream, please sign below (Section 13).

Further Medical Information

Please complete the medical information sheet included with this form if your child takes regular inhalers or medication on a daily basis.

It is the responsibility of parents to inform school of any future changes to medical information or contact numbers.

2. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: ……

3. Contact telephone numbers:

Parent/Carer and Contact Details – Please give details below of at least 3 people who can be called on in an emergency. Please include both parents/guardians (if applicable) and a further contact when parents/guardians are not available.

Please note the 1st contact person will be the only person to receive any texts / emails from school.

Contact 1 Parent

Full Name: …… Relationship to pupil: ……

Home Address: ……

Home Number: …… Mobile Number: ……

Work Number: …… Email Address: ……

Contact 2 Parent

Full Name: …… Relationship to pupil: ……

Home Address: ……

Home Number: …… Mobile Number: ……

Work Number: …… Email Address: ……

Contact 3 Alternative Emergency Contact

Full Name: …… Relationship to pupil: ……

Home Address: ……

Home Number: …… Mobile Number: ……

Work Number: …… Email Address: ……

Contact 4 Alternative Emergency Contact

Full Name: …… Relationship to pupil: ……

Home Address: ……

Home Number: …… Mobile Number: ……

Work Number: …… Email Address: ……

If any of the above details change, please notify school immediately

4. Travel Arrangements

Please **circle** the appropriate choice

Bicycle Train Car/Van Walk Taxi Car Share Public Bus Service Other……

5. Dinner Arrangements

Please indicate the appropriate choice for your son/daughter dinner arrangement

School Dinner …… Packed Lunch ……

6. Country of Birth

Please indicate the Country your son/daughter was born in

……..

7. Nationality

Please indicate what Nationality (e.g. as stated on Passport)

……

8. Ethnicity

Please indicate your son/daughter's ethnicity below. This is for statistical purposes only

……

9. Home Language (the language spoken at home)

Please indicate your son/daughters home language

……

10. First Language

Please indicate your son/daughter's first language

……

11. English Additional Language

Please indicate if English is an additional language for your son/daughter

Please **circle** the appropriate choice Yes or No

12. Religion

Please indicate your son/daughter's religion:

……

If Roman Catholic please indicate your home Parish

……

13. Parental Consent for Local Trips

I give permission for my son/daughter to make suitably accompanied local trips to/from the school field, Pleckgate field, Pleckgate CLC, Holy Souls Church, around Wilworth Crescent. I agree to their participation and acknowledge the need for them to behave responsibly.

Signed: ……

14. Parental Consent to view U films

I give permission for my son/daughter to watch extracts from films rated U when appropriate and at the discretion of the class teacher.

Signed: ……

15. Parental Consent for use of Internet

I give permission for my son/daughter to use the internet within school when appropriate and at the discretion of the class teacher and school.

Signed: ……

16. Parental Consent to take part in the Government's School Fruit and Veg Scheme

All Key Stage 1 children will be offered a piece of fresh fruit/vegetable each day to encourage the eating of healthy snacks. **It is essential that you inform us of any food allergies your child may have.**
I give permission for my son/daughter to participate.

Signed: ……

17. Offsite Visits

Please note, for wider offsite visits separate permission will still be requested. The medical information on this form will be used for all offsite visits made this year by your child. It is the responsibility of parents to inform school of any future changes to medical information or contact numbers.

18. Extent and Limitation of the Borough Council's Insurance Cover

The Borough Council has a public liability insurance which covers the Council's legal liability to pay compensation to any person for accidental bodily injury, or accidental damage to any property, as a result of the activities of the Council. The person making the claim must establish that their loss has arisen due to acts/errors/omissions committed by, or on behalf of, the Council and that, as a result of this, they are entitled to receive compensation from the Council. The Borough Council is not required to arrange personal accident cover for school pupils, and indeed does not do so. However, you are free to arrange your own personal accident cover if you wish to do so. I understand the extent and limitations of the insurance cover provided.

Signed: ……

19. Publicity and Photography

As a school we want parents/carers to be able to experience the wealth of opportunities children encounter during trips, sporting events and everyday activities, therefore we like to record these memories through pictures and videos. These images may be used in school, on the school website, through social media and for publicity purposes. Full names of children will NOT be included. In order for these images to be used, we must seek parental permission.

I give permission for images/video footage of my child to be used for the purposes of the following for the duration of their time here at Holy Souls RC Primary School and for a limited period thereafter.

Assemblies and Productions
YES ☐ **NO** ☐

Displays in School
YES ☐ **NO** ☐

Prospectus/Information booklets
YES ☐ **NO** ☐

Learning Platform/School Website
YES ☐ **NO** ☐

All social media (Facebook,Instagram,X etc)
YES ☐ **NO** ☐

Local Media
YES ☐ **NO** ☐

School Photographer (for parents/carers to purchase)
YES ☐ **NO** ☐

Videoed (including DVD) for school events
YES ☐ **NO** ☐

Signed: ……

20. Previous Primary School (for in-year admissions only)

Name and address of previous Primary School:

……

……

Telephone Number of previous Primary School

……

Headteacher of previous Primary School

……

Please note you can withdraw your consent at any point in time by contacting: office@holysouls.blackburn.sch.uk

I understand that this form contains essential information and specific consent for the current academic year. I will inform school of any changes to the information provided as soon as possible.

Signed: …… Date: ……

Full Name (capitals): ……

Relationship to pupil: ……

Thank you for your patience and co-operation in filling in this form, the information is essential to the school data base system