

Data Checking Form

In order for us to confirm that all of the information we hold on our administration system is correct, we ask that all parents **check the following data and complete any data that is missing.**

For parents who do not live at the same address, in compliance with Data Protection, we cannot share any contact details, without prior consent, hence this form has been sent to both parents. Please read the consent boxes at the end of the Parental Contact Section and complete accordingly.

Pupil Details:

Surname:		Forename:		Class:	
Date of Birth:	Male/Female:	Religion:		Nationality:	
Ethnicity:	First Language:	Home Language:		Country of Birth:	
Address:					
Mode of Travel: If this information is incorrect, please tick the appropriate choice below: Car/Van [] Walk [] Taxi [] School Bus [] Other []					
Meal Arrangements: If this information is incorrect, please tick the appropriate choice below: Free Meal [] School Meal [] Sandwiches [] Gastrostomy [] Taster Meal []					
Special Dietary Requirements (Dairy, nuts, gluten free, vegetarian, no seafood/fish):					

Medical Details:

NHS Number:	Any specialist's involved with your child please include contact/base details where possible: (SaLT, OT, Physio etc)
Dr's Name:	
Dr's Number:	
Dr's Address:	
Consultant's Name:	Consultant's Hospital:
Is your child up to date with all vaccinations as per the immunisation schedule? Yes [] No []	
Please list ALL medication that your child currently takes:	

Medical Details Continued:

Does your child have epilepsy? Yes [] No []	Does your child have a VNS Implant? Yes [] No []
Does your child have any emergency such as Buccal Midazolam? Yes [] No []	Does your child require oxygen in school? Yes [] No []
Does your child require urinary catheterisation in school? Yes [] No []	
Please list any medication that will need to be administered during school hours:	
If your child receives medication in school, you will need to complete a consent form. This can be downloaded from the school website or you can request a copy from the school office.	
Please list any known allergies that your child has:	
Has your child ever had any of the following:	
Measles Yes [] No []	German Measles Yes [] No []
Mumps Yes [] No []	Chicken Pox Yes [] No []
Rubella Yes [] No []	Whooping Cough Yes [] No []
When did your child last receive an eyesight check?	Does your child wear glasses? Yes [] No []
When did your child last receive a hearing test?	Does your child wear hearing aids? Yes [] No []
When did your child last see the dentist?	
Does your child wear incontinence products? Yes [] No []	If so, do you receive these free of charge? Yes [] No []

Parental Contact Details:

Name:	Relationship:	Parental Responsibility: Yes [] No []
Address:		
Home Telephone:	Home Email:	
Mobile Number:	Job Title:	
Work Place:	Work Email:	
Work Telephone:		

Parental Contact Details Continued:

Name:	Relationship:	Parental Responsibility: Yes [] No []
Address:		
Home Telephone:	Home Email:	
Mobile Number:	Job Title:	
Work Place:	Work Email:	
Work Telephone:		

Please state the name of the person with parental consent who would like to be added to our texting service as we can only text one person per child:

CONFIDENTIAL: Has your child been adopted from care?	Yes []	No []
Service Children Indicator: Is either parent a member of the armed forces?	Yes []	No []

Data Protection Act 1998. The School is registered under the Data Protection Act for holding personal data. The School has a duty to protect the data and keep it up to date and is required to share some of the data with the Local Authority and with the DFE. The School will annually send out Data Check Sheets to parents and require parents who reside at different addresses to give their consent for contact information to be shared. If you give consent for your contact information to show on the Data Check Sheet sent to both parents, please sign below.

Signed: _____ **Date:** _____

Emergency Contact Details:

Please put names and details of family/friends who can be contacted if you are unavailable:

Name: _____ **Relationship:** _____

Telephone Numbers: _____

Name: _____ **Relationship:** _____

Telephone Numbers: _____

Parental Consent

Photographs From time to time students may be involved in activities whereby they are photographed and the photographs displayed within school. I agree to my child being photographed and the photos being displayed within school	Yes []	No []
Photographs displayed on website and used by outside agencies These photographs may be displayed on the school website or by outside agencies to promote our school. <u>NO names will be released</u> I agree to the above	Yes []	No []
Transported in a staff members car There may be occasions when your child may need to be transported in a member of staffs vehicle e.g. illness etc I agree to my child being transported in a member of staffs car	Yes []	No []
Educational Visits in the Local Community There may be occasions when your child is involved in a trip/event within the local community during school time. This is called a Category one visit. I give permission for visits/participation in Category one visits during school time	Yes []	No []

Parental Consent Continued

Email List			
We like to keep you informed as much as possible and in order to do this we would like to give you the option to join our email mailing list. This will be used alongside our current communication methods (letters, texts, home-school diary)			
I would like to be added to the school's email mailing list	Yes	[]	No []
Please use this email address _____			
Sharing Photographs Information with other Parents within the Class Group			
We like to share activities and celebrations within class groups and often where appropriate like to send photos and birthday dates home to all parents in the class so that they can see what their child has been achieving or celebrating with peers in their class. In order to do this we need your permission to share photos of your child or birthday information with the other parents in your child's class.			
I give permission for my child's photo to be sent home with a peer in their class	Yes	[]	No []
I give permission for my child's birthday to be shared	Yes	[]	No []
Paracetamol			
I agree to my child being given paracetamol for pain relief or fever	Yes	[]	No []
I have provided paracetamol clearly labelled for this purpose	Yes	[]	No []
I can confirm that I have consulted with my child's doctor and there are no contraindications to paracetamol being administered	Yes	[]	No []
Please note that paracetamol cannot be administered for more than three consecutive days without a prescription and we do not keep a general supply on site.			
Emergency Situations			
I give permission for an ambulance to be called for my child in an emergency <i>(If this isn't already included in a health care plan)</i>	Yes	[]	No []
I agree that if my child urgently required medical, surgical or dental treatment that has not been previously agreed in a health care plan, and it is not possible to contact me/us, then a member of the SLT is authorised to give consent to such emergency treatment	Yes	[]	No []
Defibrillator			
I give permission for a trained member of staff to use the defibrillator in an emergency <i>(If this isn't already included in a health care plan)</i>	Yes	[]	No []
Administering First Aid			
I give permission for school staff to administer first aid which may include the use of plasters and antiseptic wipes	Yes	[]	No []

Form completed by: _____ (Parent/Guardian)

Date _____

Thank you for completing this form. Please return to school by Friday 22nd September 2017.



SWIMMING – PARENTAL INFORMATION FORM

Name: _____ School: Stanton Vale School

Date of Birth: _____ Class: _____

Address

 Tel.No.

As part of your child’s education he/she will be undertaking swimming lessons this year. It is important that the swimming teacher /instructor has the following information concerning your child:

	Yes	No
<ul style="list-style-type: none"> • Does your child suffer from any medical condition which may affect their safety whilst swimming, e.g. Asthma (please bring inhaler to every swimming session), Epilepsy Sensory impairment e.g. deaf Grommets (wearing a swimming cap & ear plugs is recommended) Diabetes, etc Please give details: 		
<ul style="list-style-type: none"> • Does your child take medication on a regular basis? Please give details: 		

Swimming Ability:

Non-swimmer	5m	10m	25m	50m+	Any other awards (please specify):

Chemicals in the water in swimming pools adversely affect my child’s eyes. I give my permission for my child to wear goggles during swimming lessons and accept responsibility should my child be injured as a result of wearing goggles.

I am aware that my child will not be allowed to wear goggles for specific water or diving activities for safety reasons.

I am aware that all jewellery is to be removed prior to swimming activities.

Signature of Parent/Guardian

Date

Please note - your child can only be excluded from school swimming on medical grounds as this is a part of the PE National Curriculum

Please return this form to your child’s school.