

ALKRINGTON PRIMARY SCHOOL
ANNUAL INFORMATION / CONSENT FORM

During the course of the year your child may take part in LOCAL visits, i.e. walk round the school grounds, local library etc. We ask that for these local activities you complete an annual permission form to save both time and resources. We will always inform you of any trip, however, only trips outside the local area or that require coach travel will have a separate permission form sent home.

FOR ONE OFF ACTIVITIES – ACADEMIC YEAR 2017 / 2018	
PUPIL'S NAME:	CLASS:
DATE OF BIRTH:	AGE:
COUNTRY OF BIRTH:	
CHILD'S NATIONALITY:	
ADDRESS :	
POSTCODE:	
<u>Mother's details</u> Mother's title..... Mother's name..... Address if different from above Date of birth..... <u>Telephone numbers</u> Home..... Work..... Mobile.....	<u>Father's details</u> Father's title..... Father's name..... Address if different from above Date of birth..... <u>Telephone numbers</u> Home..... Work..... Mobile.....
Alternative emergency contact numbers and names: –	
Full Name.....Relationship to child.....Tel	
Full Name.....Relationship to child.....Tel	
PERSONAL INFORMATION	
Please give details requested below of personal information which might be relevant.	
Does he / she suffer from asthma*, allergies, diabetes, migraine, epilepsy, any illness or disability? YES / NO If yes please give details: *A separate asthma form will need to be completed	
Is he / she allergic to anything (e.g. antibiotics, elastoplast, aspirin or any such medicines / food etc) ? YES / NO If yes please give details:	
Is he / she actively sensitive to penicillin? YES/ NO If yes please give details:	

Is he / she receiving any medical treatment at present? YES / NO

If yes, give details of illness / disability and treatment / wears glasses / hearing aids etc

Does he / she have any special dietary needs?

Date of last tetanus injection (if known):

Can he / she swim 25metres YES / NO

Doctors name, address and telephone number:

ACCEPTABLE USE STATEMENT RELATING TO INTERNET SAFETY

I have read and understood the Acceptable Use Statement which can be found on the school website (under Computing Policy). I understand that under no circumstances will I post any pictures or videos of school activities on any social networking sites.

PHOTOGRAPHS / VIDEO RECORDINGS

I give my consent to photographs and video recordings of my child as part of school activities and understand these may be used in displays in school, in the school prospectus or the school website.

YES / NO

INSURANCE

Please note that Rochdale Metropolitan Borough Council holds a school journey insurance policy that automatically covers all persons participating in educational trips and residential trips. Claims resulting from insured activities should be submitted in writing by the group leader or Headteacher and not by pupils, individuals or parents direct.

PARENTAL CONSENT

- I accept that my child will be transported in staff cars in an emergency or to and from venues e.g. sporting events.
- I accept that my child will go on visits in the local area.
- I acknowledge the need for my child to behave responsibly.
- I accept that my child will be taken care of by staff if he/she requires a change of clothes.
- I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

Signature:

Date:

Print Name:

Relationship to Child:

It is the duty of parents to inform the school should there be any changes / additions to this information