

## Pupil data and permission form



<b>Pupil Details</b>	
<b>Surname</b>	
<b>First Name</b>	
<b>Middle Name</b>	
<b>Address</b>	
<b>Gender</b>	
<b>Date of Birth</b>	
<b>Name of person/s who has legal parental consent for pupil</b>	

We need the contact information of any adult you are permitting to collect your child from school. In the event of an emergency, we will make our way down the ranking until we are able to make efficient communication. Please note; we only dismiss children to an adult named on this form.

<b>Parent/Guardian 1</b>	
<b>Title</b>	
<b>Surname</b>	
<b>First Name</b>	
<b>Address (if different from child)</b>	
<b>Relationship to child</b>	
<b>Home telephone</b>	
<b>Mobile number</b>	
<b>Work telephone</b>	
<b>Email</b>	
<b>I consent this person has parental permission to collect the child from school</b>	
<b>Emergency Contact Ranking</b>	

<b>Parent/Guardian 2</b>	
<b>Title</b>	
<b>Surname</b>	
<b>First Name</b>	
<b>Address (if different from child)</b>	
<b>Relationship to child</b>	
<b>Home telephone</b>	
<b>Mobile number</b>	
<b>Work telephone</b>	
<b>Email</b>	
<b>I consent this person has parental permission to collect the child from school</b>	
<b>Emergency Contact Ranking</b>	

<b>Other contact 1</b>	
<b>Title</b>	
<b>Surname</b>	
<b>First Name</b>	
<b>Address (if different from child)</b>	
<b>Relationship to child</b>	
<b>Home telephone</b>	
<b>Mobile number</b>	
<b>Work telephone</b>	
<b>Email</b>	
<b>I consent this person has parental permission to collect the child from school</b>	
<b>Emergency Contact Ranking</b>	

<b>Other contact 2</b>	
<b>Title</b>	
<b>Surname</b>	
<b>First Name</b>	
<b>Address (if different from child)</b>	
<b>Relationship to child</b>	
<b>Home telephone</b>	
<b>Mobile number</b>	
<b>Work telephone</b>	
<b>Email</b>	
<b>I consent this person has parental permission to collect the child from school</b>	
<b>Emergency Contact Ranking</b>	

<b>Other contact 3</b>	
<b>Title</b>	
<b>Surname</b>	
<b>First Name</b>	
<b>Address (if different from child)</b>	
<b>Relationship to child</b>	
<b>Home telephone</b>	
<b>Mobile number</b>	
<b>Work telephone</b>	
<b>Email</b>	
<b>I consent this person has parental permission to collect the child from school</b>	
<b>Emergency Contact Ranking</b>	

Please continue on a blank piece of paper if you have more contacts.

If at any time you wish to withdraw your consent in allowing any of the above named contacts collect your child, you must do so in writing to the school office.

**Medical Information**

Please provide information of any **medical conditions, allergies, or additional needs** that the school need to be aware of:

Does your child need a prescribed inhaler in school? **Yes/No**

Do you give permission for the school to call the doctor in an emergency? **Yes / No**

Do you allow a member of school staff to accompany your child to hospital if we are unable to gain communication with yourself/named contact? **Yes/No** - In this situation, we would expect you to arrive at the Hospital as soon as possible.

Do you give permission for the school to call the dentist in an emergency? **Yes / No**

Do you give permission for the school to administer first aid? **Yes / No**

Doctor's name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Practice name and address

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Dentist name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Practice name and address

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**Additional Information**

What type of lunch does your child normally have? (Please circle)

School meals / Free school meals / Sandwiches

What is your child's usual mode of travel to and from school?

(Walk, cycle, car/van, car share, public bus, school bus, taxi, train etc.)

\_\_\_\_\_

Is your child entitled to free transport to and from school? \_\_\_\_\_

Ethnicity (Please circle)

White : British

Asian or Asian British : Indian

White : Irish

Asian or Asian British : Pakistani

White : Traveller of Irish Heritage

Asian or Asian British : Bangladeshi

White : Other

Asian or Asian British : Other

White : Gypsy / Roma

Black or Black British : Caribbean

Mixed : White and Black Caribbean

Black or Black British : African

Mixed : White and Black African

Black or Black British : Other

Mixed : White and Asian

Chinese

Mixed : Other

Any other ethnic group

Prefer not to say

First language \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Nationality \_\_\_\_\_

Religion \_\_\_\_\_

## Local visits and photograph permission

During the course of the academic year there are occasions when your permission is required for your child's participation in visits locally for example, walking to town to carry out surveys, visits to All saints Infant School or Church etc.

In order to conform to your wishes and to avoid disappointing your child if we are unable to contact you in short notice. I would be grateful if you could complete the form below which will be held on our records and will be referred to as required.

In the event that you decide to withdraw your permission or you have any concerns relating to an event in which your child might be involved please do not hesitate to contact school in writing.

Please note that for specific visits outside the immediate area you will still receive the relevant information for your consideration together with a permission slip attachment.

In addition, we celebrate our pupils' achievements and from time to time we like to invite the press, for example, Castleford and Pontefract Express will be invited in to take photographs, for which permission is required. In school, we often take photographs and video clips to use on the school website, for school displays including medical display and in the school newsletters.

### Local visits and photograph permission slip

Childs name \_\_\_\_\_

Please tick the relevant box below and return this form to school

- |  |                          |
|--|--------------------------|
| I give permission for my child to participate in local visits.                     | <input type="checkbox"/> |
| I am happy for the school to take photographs of my child.                         | <input type="checkbox"/> |
| I am happy for photos of my child to be used on the school website.                | <input type="checkbox"/> |
| I am happy for photos of my child to be used on social media i.e. Twitter          | <input type="checkbox"/> |
| I am happy for photos of my child to be used in the school newsletter.             | <input type="checkbox"/> |
| I am happy for photos of my child to be used in internal displays.                 | <input type="checkbox"/> |
| I am happy for photos of my child to be used on the medical display (if necessary) | <input type="checkbox"/> |
| I am happy for photos of my child to be used by the media i.e. newspaper, TV.      | <input type="checkbox"/> |
| I am <b>NOT</b> happy for the school to take or use photos of my child.            | <input type="checkbox"/> |

**If you change your mind at any time, you can let us know by emailing [office@normantonjunior.co.uk](mailto:office@normantonjunior.co.uk) or in writing addressed to the school office.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Modes of communication**

Effective communication between school and home is essential and this is something at NJA we pride ourselves on.

As part of the GDPR we need your consent to send the following information, please **opt in**, by ticking the relevant box.

- I am happy to receive information from school by text
- I am happy to receive information from school by letter
- I am happy to receive information from school by newsletter
- I am happy to receive information from school or FONJA relating to marketing
- I am happy to receive information from school or FONJA relating to fundraising
- I am happy to receive information from local high schools
- I am happy to receive information from third parties i.e. sports clubs

**If at any time you would like to change your consent, please inform the school in writing.**

