



Ryhope Infant School Academy

Contact and Consent Form

The following information is being collected under our legal duty to teach your child and is statutory.

This information is shared with the DfE, Local Authority and Together for Children (who act on behalf of the Local Authority), where we have a legal duty to do so.

Personal Details:

Child's Surname:		Child's Forenames:	
Date of Birth:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Country of Birth:	Nationality:	Child's First Language:	
Child's home address:			
Postcode:			

Education:

Has your child attended another nursery or school prior to coming joining Ryhope Infant School Academy?
Yes No

If yes, please provide details of the school or nursery:

If your child has attended another nursery or school prior to joining Ryhope Infant School Academy, we will approach the previous school / nursery, to obtain any relevant transfer information. This will include your child's personal details, health, safeguarding, attendance and attainment records.

Family:

The following information is used in school to establish sibling / family links. This information is not shared with external agencies unless we are requested to and there is a legal basis for the request i.e. Safeguarding.

Details of all brothers/sisters

Name:	Age:	Nursey/Day Care/School:
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The following information is collected and used by the school to apply for additional funding i.e. Pupil Premium. The additional funding allocated to the school by the DfE is vital to our school and enables us to enrich your child's education.

The information gathered is shared with the DfE, Local Authority and Together for Children (who act on behalf of the Local Authority) for this purpose only and will not be shared with any other third parties.

Is a Parent a member of the Armed Forces?
Yes No

If yes, please give the name of the parent:

Are there anything other family circumstances that you would like to share with us that you consider would be helpful i.e. court orders affecting contact, childminder who cares for your child, is your child adopted?

Health and Medical Information:

The following information is collected and used in school to ensure we provide the appropriate care for your child. This information will also be shared with the DfE, Local Authority, Together for Children, NHS and other Health Professionals where there is a need identified i.e. to enable diagnosis/treatment of medical and mental health conditions, to inform Education Health Care Plans, a medical emergency or safeguarding your child.

Does your child have any Special Educational Needs and/or Disability? **Yes** **No**

If you have answered yes, please give further details below:

Please answer the following questions regarding your child by placing a tick in the appropriate box:

- | | | |
|--|-------------------------------------|------------------------------------|
| 1. Does your child have any hearing difficulties? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Does your child need to wear spectacles? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does your child have any speech difficulties? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Does your child have Asthma? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Does your child have any Allergies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Does your child have Eczema? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Does your child have Epilepsy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Does your child have Diabetes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Does your child suffer from blackouts/fainting? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Does your child receive any specialist help? i.e. CYPS or CAMHS | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Does your child have any other medical problems not already covered or currently receiving any hospital treatment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered yes to ANY of the questions above, please give further details here including what we would need to do in an emergency:

If your child has any other special circumstances which you feel that we should know about, please give details here:

Other Health and Medical information:

The following information is being requested to assist make any necessary considerations, should we need further/specific advice from professionals.

G.P Name:

Address:

Telephone number:

Name of Health Visitor: (if applicable)

Telephone number:

Name of Social Worker: (if applicable)

Telephone number:

Declaration:

I hereby give consent to Ryhope Infant School Academy, to approach the above named professionals, should they need further/specific advice regarding any health and/or medical information given on this form. Consent can be withdrawn at any time by contacting the school office.

I understand why the information contained on this form is being collected and how it will be used and/or shared with other agencies, where specified.

Signed:

Date:

Relationship to child:

Emergency Contacts and Child Collection Arrangements

Only persons listed below will be authorised to collect your child. ***(Must be 16 or over)***

This information is collected by the school and used in emergencies or to ensure your child is being collected by authorised persons only. This information is not shared with any third parties with the exception of a sibling's school, where we have been notified of this and we are satisfied that there is a legal basis for the request i.e. safeguarding, emergencies.

Name of Contact 1: Address: Post Code: Relationship to child: Telephone Number: Mobile Number:	Name of Contact 3: Address: Post Code: Relationship to child: Telephone Number: Mobile Number:
Name of Contact 2: Address: Post Code: Relationship to child: Telephone Number: Mobile Number:	Name of Contact 4: Address: Post Code: Relationship to child: Telephone Number: Mobile Number:
Consent can be withdrawn at any time with regards emergency contacts and collection arrangements, by contacting school office.	

Declaration for Emergencies
The following consent is required to enable Ryhope Infant School Academy to deal effectively with any medical emergencies or accidents which may occur in school or whilst on an authorised educational visit.
<p>1. I agree to the Headteacher (or a senior member of staff in charge) taking the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the school or while my child is on an authorised outing.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. I understand that the Headteacher (or a senior member of staff in charge) will make every effort to inform me of any emergency or accident as soon as possible after the event but that they may have to accompany my child to the hospital in the case of a serious accident and/or emergency.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. I give my permission for the Headteacher (or a senior member of staff in charge) to authorise hospital staff to administer essential treatment until my arrival.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have answered no to any of the questions above, please detail below the procedure to be followed in the event of an emergency:</p> <p>If you would like to amend the above consents at any time, this can be done by contacting the school office.</p>
I understand why the information contained on this form is being collected, how it will be used and how I can withdraw consent, where appropriate.
Signed: _____ Date: _____
Relationship to child: _____

Other Information and Consent	
The following information and consents are collected by the school for instances which do not fall under our legal duty to provide an education to your child. This information and consents can be withdrawn at any time by contacting the school office.	
Individual and Class Photographs	
I give consent for my child to leave Ryhope Infant School Academy, in order to participate in Educational Visits.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give consent for my child to have individual school photographs taken by an external photographer.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give consent for my child to have class group photographs taken by an external photographer and understand that these photographs will be available to be purchased by all parents of children, attending the school.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give consent to Ryhope Infant School Academy to use my child's photograph on their educational record, to aid in the identification of my child.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give consent to Ryhope Infant School Academy to use my child's class photograph for display purposes within the school.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give consent for my child to have photographs taken in school or whilst on educational visits and that they may be used/displayed in the following circumstances:	
1. Used/displayed on the school mobile app	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Used/displayed on the school website	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Used/displayed on the schools' social media including their Facebook page	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Used for local and national news press releases	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Used/displayed on school display boards within the school building and grounds	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Used for the school prospectus which is issued to prospective parents and carers	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Used for school newsletters and leaflets which are issued to parents and carers	Yes <input type="checkbox"/> No <input type="checkbox"/>
School Performances	
School performances are sometimes recorded and then sold to the parents and carers of the children involved in the performance. Copies of all performances are also kept in school and used by staff for evaluation purposes.	
I give consent for my child to be recorded in school performances and understand that these may be sold to other parents and carers of children who were involved.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Application of Sun Cream	
During the warmer months, it is necessary to ensure the safety of all children by using appropriate sun protection. We understand that whilst sun cream may have been applied at home before school, it may need to be reapplied at some point during the school day or whilst on an educational visit.	
I consent to Ryhope Infant School Academy to apply or supervise the application of a high protection sun cream, when appropriate.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Declaration:	
I hereby give the above consents to Ryhope Infant School Academy, where indicated and understand that this consent can be withdrawn at any time by contacting the school office.	
I understand why the information contained on this form is being collected and how it will be used and/or shared with other agencies, where specified.	
Signed:	Date:
Relationship to child:	

Ethnicity and Religion

The following information that you provide will be used solely to compile statistics on the school careers and experiences of pupils from different religious/ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will be passed to the Local Authority, Together for Children (who act on behalf of the Local Authority) and the Department for Education. The information shared will not allow individual pupils to be identified will be included in the National Pupil Database. This information is also passed to pupil's destination schools upon leaving our school.

For further information regarding the NPD please refer to the school's Privacy Notice or visit <https://www.gov.uk/guidance/data-protection-how-we-collect-and-share-research-data>

To which religion is your child affiliated?

- | | |
|---|--|
| <input type="checkbox"/> Christian - Church of England | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Christian - Methodist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian - Roman Catholic | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian – Other (Please specify) _____ | <input type="checkbox"/> No Religion |
| <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> I do not wish a religion to be recorded |

To which Ethnic Group do you consider your child belongs to?

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language culture, ancestry of family history. **Ethnic background is not the same as nationality or country of birth.**

Please study the list and select **one only** to indicate the ethnic background of your child.

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

Any other ethnic background (Please state):

I do not wish an ethnic background category to be recorded

Declaration:

I understand why the information contained on this form is being collected and give my consent for this to be recorded on my child's record.

I also understand how it will be used and/or shared with other agencies, where specified and how I can withdraw consent at any time by contacting the school office.

Signed:

Date:

Relationship to child: