



Carhill IPS Data Collection Form

Please complete the details below to the best of your ability. You will need to complete the form for each in attendance at the school in your family.

Child Details

Surname *

Legal Surname (if different)

Class *

Forename *

Address

Address 1

Address 2

Address 3

Town

County

Postcode

Chosen Name

Middle Name

Gender

Male Female

Home Contact Details - Parent / Guardian

Surname *

Forename *

Title

Relation To Child *

Address

[Copy from Child](#)

Address 1

Address 2

Address 3

Town

County

Postcode

Workplace Address

Address 1

Address 2

Address 3

Town

County

Postcode

Home Tel.

Work Tel.

Mobile

Email

Home Contact Details - Parent / Guardian 2 (if applicable)

Surname

Forename

Title

Relation To Child

Address

[Copy from Child](#)

Address 1
Address 2
Address 3
Town
County
Postcode

Workplace Address

Address 1
Address 2
Address 3
Town
County
Postcode

Home Tel.

Work Tel.

Mobile

Email

First Emergency Contact Details (other than parent / carer, if applicable)

Name

Relationship to Child

Home Tel.

Work Tel.

Mobile

Second Emergency Contact Details (other than parent / carer, if applicable)

Name

Relationship to Child

Home Tel.

Work Tel.

Mobile

Information about any person who does not have legal access to this child. If any court orders have been issued regarding this child a copy must be provided to the school as soon as possible.

Health Details

Doctor

Doctor's Telephone

Surgery Address

Surgery Name

Address 1

Address 2

Address 3

Town

County

Postcode

Medical Information

Please note, if you require the school to administer medication, it must be delivered to and collected from the school by the parent, it must have the child's name and expiry date on the packaging and appropriate medical forms will need to be completed. If your child has a medical care plan, this must be provided to the school.

Special Dietary Needs

Any Known Allergies

DECLARATION OF CONSENT

Please indicate your consent as detailed below

Do you give permission for staff to seek medical attention for your child if no designated contact can be reached?

Yes No

Do you give permission for staff to administer Calpol/Paracetamol if your child develops a temperature? (we will contact you prior to the Calpol/ Paracetamol being administered)

Yes No

Do you give permission for staff to administer prescribed medication in accordance with the 'Medication Administration Policy'?

Yes No

Additional Details

Home Language *

Ethnicity *

Religion *

Mixed Background ?

Yes No

Eligible for Free Meals ?

Yes No

Meal Arrangements (please select appropriate choice)

Free School Meals

Paid School Meals

Packed Lunch

Home

Transport / Collection Details

	Monday	Tuesday	Wednesday	Thursday	Friday
Board Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approved adults for after school collection

(Please list any adult who may collect your child from school and inform the school of any future changes)

Consent

- I consent for my child to be changed in school, in the event that wet or soil themselves?
- I consent for images and/or videos featuring my child to be displayed on any school social media platforms? (facebook, etc.)
- I consent for images featuring my child to be displayed inside the school as part of displays?
- I agree that my child will follow the schools internet acceptable use policy?

Declaration

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Education Authority and with the Department of Education.

I here by confirm that all the information given is correct at this time under the Fraud Act 2006, section 4.

Save

Save & Add Another Child