



BeSkilled Data Collection sheet

Please complete the information below and return to the school office as soon as possible

SURNAME:		LEGAL SURNAME:	
FORENAME:		MIDDLE NAME(S)	
CHOSEN NAME:		GENDER:	
DATE OF BIRTH:		YEAR GROUP:	
ADDRESS:			
POSTCODE:		CLASS:	

Please give details of all persons who have parental responsibility (PR)/delegated authority and anyone else you wish to be contacted in an emergency. **Please ensure for any third party information you provide (emergency contacts) that you have their permission to share their personal information with us.** Please record them in the order you wish for them to be contacted.

	PR? Y/N	NAME	RELATIONSHIP	CONTACT DETAILS		
				Address (if different from above)	Telephone (home/mobile/work)	Email address
1						
2						
3						
4						

MEDICAL INFORMATION

DOCTOR:	
SURGERY:	
TEL NO:	
MEDICAL INFORMATION:	

ADDITIONAL INFORMATION

DIETARY NEEDS:		RELIGION:	
ETHNICITY:		HOME LANGUAGE:	

Parental Permission/Agreement Form

Name of Child _____

Name of Parent/Guardian _____

Please ✓ to show that you agree to the following:

- ☐ I give permission for my child to be taken out of St. Botolph's School grounds for educational visits within the neighbourhood
- ☐ I give permission for my child to go on sporting events which may or may not include travelling by coach
- ☐ In the event of an emergency do you give consent to:
- | | |
|---------------------|--------|
| Anaesthetics | Yes/No |
| Blood transfusion | Yes/No |
| Appropriate medical | |
| Intervention | Yes/No |
- ☐ I give permission for my child to eat food, which is a product of cooking, or food tasting sessions within the school curriculum. Please give details of any foods that must be avoided:
- _____
- ☐ I understand that my child **IS NOT** allowed to wear earrings during the school day for Health & Safety reasons
- ☐ I have read and agree to follow the school's Healthy Eating Policy.
- ☐ I grant permission for my daughter or son to have access to use the Internet, VLE, e-mail and other ICT facilities at school. (Please read our e-safety policy on the school website or you can request a paper copy from the office).
- ☐ I agree to the sharing of information about my child with other relevant agencies
- ☐ I give permission for my child to watch films with a PG rating.

Please read the following advice issued by Leicestershire Education Authority:

"Parents and relatives of pupils should note that any photography or video film they take at school events are likely to contain images of other children whose parents will not have given permission for them to be filmed or photographed. Such images should not be circulated more widely than the family, i.e. they should just be for the family's use. Our advice is that any manipulation or distribution of images of children could result in prosecution."

PLEASE COMPLETE THE ATTACHED CONSENT FORM FOR THE USE OF DIGITAL IMAGES

Signed _____ Parent/Guardian with legal responsibility.

Date _____

Please refer to the GDPR Privacy Notice when completing this form



Consent for the use of digital images

Dear Parents and Carers

At St Botolph's CE School, we like to celebrate what we do and often take photographs of our children for this purpose. We use these photos on the school's website and Weduc, within our newsletters, on display boards around the school and in the local press.

We are finding the world of social media is getting increasingly challenging to manage and as such would like to receive further clarification regarding your consent for us to take and use photos of your child. The blanket statement previously used is no longer specific enough for our needs. Please read each statement below and confirm which you do/don't give consent for and we will accommodate your preferences.

Please tick the relevant box(es) below and return this form to school.

- ☐ I am happy for the school to take photographs of my child.
- ☐ I am happy for photos of my child to be used on the school website.
- ☐ I am happy for photos of my child to be used on the school Weduc newsfeed and notices.
- ☐ I am happy for photos of my child to be used in the school newsletter.
- ☐ I am happy for photos of my child to be used in internal displays.
- ☐ I am happy for photos of my child to be used in the local press.
- ☐ I am **NOT** happy for the school to take or use photos of my child.

If you change your mind at any time, you can let us know by emailing - office@st-botolphsprimary.org, calling the school on 01509 503387, or just popping in to the school office.

If you have any other questions, please get in touch.

Child's Name: _____

Parent / Carer Signature: _____

Date: _____