



New Entrant

Emergency Contact & Consents Form

The information on this form will be used throughout your child's time at Totley All Saints. Please update us with any changes as soon as possible. You are also able to withdraw your consent to any of the sections at any time, by contacting the school.

School Use Only:		
Admission Number:	UPN Number:	
Date of admission:	Birth Certificate seen? Yes / No	
Personal Details - Please complete in BLOCK CAPITALS:		
Child's Surname:	First Name/s:	
Present Address:	Date of Birth:	
	Gender:	
	Ethnic Origin (please complete overleaf)	
	Religion:	
	Postcode:	First Language (if other than English):
Parent(s)/Guardian(s) (having Parental Responsibility):		
If applicable, please indicate which parent has <u>residency rights</u> - we are required by Law to request this information:		
Mother:	DOB:	
Address:	Home Tel No:	Mobile Tel No:
	Email address:	
	National Insurance Number:	
Father:	DOB:	
Address:	Tel No:	
	Email address:	
	National Insurance Number:	
Other significant person/s within the household (please state relationship to child, e.g. Foster parent, step parent, etc.):		
If you require a second copy of your child's annual report, please give details at the main office.		

Emergency Contact 1 of 2

Name:	Daytime Address:
Relationship to child:	
Tel No:	
Name of GP:	Address:
Tel No of GP:	

Emergency Contact 2 of 2

Name:	Daytime Address:
Relationship to child:	
Tel No:	

Previous Schools / Nurseries / Playgroups Attended:	From	To

Health - Any information about health/medication/disability which staff should know about (e.g. SEN, hearing, glasses, allergies, asthma, diabetes, epilepsy, medicines, etc.). Please detail if your child receives any help or support with the above.

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Medical consent – I give my permission for:

Please tick to give your consent ✓

My son/daughter to be given first aid by a trained member of staff during any on-site or off-site activity.

My son/daughter to receive urgent, dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity.

My son/daughter's information to be shared with the NHS and other relevant health professionals.

A member of school staff to sign on my behalf any medical consent forms, if my child should require emergency treatment and I cannot be contacted.

Please outline any medical condition/allergy suffered by your child & any medication that would need to be taken during offsite visits.

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Family - Names of other members of family attending, or who have attended this school

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School Meals – Please tick (✓) if your child has any special dietary requests

School meal	Packed Lunch	Vegetarian	Vegan	Halal	Food Allergy

If your child has a food allergy, please give details below. Medical confirmation from your GP will need to be seen so that a special dietary menu can be devised.

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Mode of travel to school (please tick✓)

Walk	Car share	Bicycle
Car/Van	Bus	Taxi

Ethnicity – Sheffield City Council Ethnic Minority Scheme (Please tick just one of the boxes ✓):

WHITE		BLACK OR BLACK BRITISH	
White British		Black - Caribbean	
White Irish		Black - Somalia	
White Eastern European		Other Black African	
Traveller of Irish Heritage		Any Other Black Background	
Gypsy / Roma		CHINESE	
		Chinese	
MIXED / DUAL BACKGROUND		ASIAN OR ASIAN BRITISH	
White & Black Caribbean		Indian	
White & Black African		Pakistani	
White & Pakistani		Bangladeshi	
White & Any Other Asian Background		Any Other Asian Background	
Any Other Mixed Background		ANY OTHER ETHNIC GROUP	
		Yemeni	
		Any Other Ethnic group	

Onsite Activities:	Please tick to give your consent ✓
I give my permission for my child to use the internet in line with the school's 'Pupil Acceptable Use Agreement and Rules' which are shown below:-	
I will only use ICT in school for school purposes.	
I will only open/delete my own files.	
I will make sure that all ICT contact with other children and adults is responsible, polite and sensible.	
I will not deliberately look for, save or send anything that could be unpleasant or nasty. If I accidentally find anything like this I will tell my teacher immediately.	
I will not give out my own details such as my name, phone number or home address.	
I will not arrange to meet someone unless this is part of a school project approved by my teacher and a responsible adult comes with me.	
I will be responsible for my behaviour when using ICT because I know that these rules are to keep me safe.	
I know that my use of ICT can be checked and that my parent/carer contacted if a member of school staff is concerned in any way.	
View films and video clips rated PG.	
Take part in food preparation/cooking and tasting activities.	

For New to FS2 / Reception Pupils Only

Who will normally pick up your child from school?

Password for when your child is to be picked up by someone else:

Any other information which you would like the school to know

I acknowledge that this information is factual & correct at the time of writing:

Signed:

Name (please print):

Date:

**THANK YOU FOR YOU HELP IN COMPLETING THIS FORM.
THE INFORMATION WILL BE USED
FOR SCHOOL PURPOSES ONLY**



By signing this form you are consenting to the school obtaining, using, holding and disclosing 'personal data' for the use of legal obligations the school has to fulfil (e.g. Census), this includes medical information, for the purpose of safeguarding and promoting the welfare of our children.
The processing and disclosure of personal data and sensitive data is done lawfully and fairly in accordance with the Data Protection Act.