

CAPTAIN WEBB PRIMARY SCHOOL

Data Collection Form – Annual Check

Please print your answers and complete ALL boxes

Child's/Children's Name:												
Name: Child										Class		
Address (inc. Post Code)												
Primary Carer:												
Name								Has Parental Rights	Y	N		
Relationship to child												
Phone Number												
Work Number												
Email												
Person 2												
Name								Has Parental Rights	Y	N		
Relationship to child												
Phone Number												
Email												
Person 3												
Name								Has Parental Rights	Y	N		
Relationship to child												
Phone Number												
Email												
Person 4												
Name								Has Parental Rights	Y	N		
Relationship to child												
Phone Number												
Email												
Medical Information												
Has your child any illnesses						Has your child any allergies						
Is your child on regular medication						Has your child dietary requirements						

CONSENTS

Please indicate whether you give your consent (for your child to be included in the following activities), by ticking the box on the right-hand side; and sign and date the form on the last page. Where no tick is present it will be assumed no consent is given.

Use the internet in line with the school's acceptable usage policy	Y	N
View films and video clips rated PG	Y	N
Take part in food preparation/cooking and tasting activities	Y	N
Supervised visits to local destinations away from the main school site (walking only)	Y	N
Supervised off-site activities (sporting fixtures and swimming lessons) where travel may be by coach/bus.	Y	N
Name to be used on the school website, Facebook, and in our printed publications (i.e. newsletter)	Y	N
Image to be used on the school website, Facebook, and in our printed publications (i.e. newsletter)	Y	N
Work to be used in school displays	Y	N
Image to be used in school displays	Y	N
Image/Name to be taken by, or used in circulation to, other parents (for example, Classdojo)	Y	N
I DO NOT agree to my child accessing the BeeU support service	Y	N

Print Name: _____ **Signature:** _____ **Date:** _____