



The Crescent Primary School

Toynbee Road
Eastleigh
Hampshire
SO50 9DH

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Twitter: @thecrescentprim
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Headteacher: Mr Mark Wartnaby
Deputy Headteacher: Mrs Natalie Preston
Assistant Headteacher: Mrs Simone Burrough

Shooting Stars Breakfast and After School Club Registration Number – 115886

To be completed by the main carer. Please return your completed form to the school office.

CONTACT DETAILS

Priority for Contact	Parental Responsibility	Name (including Title)	Home Address (incl. Post Code) if different from above	Contact phone number(s). (In order of priority). Please indicate home (H)/mobile (M)/work(W)
1.	Y / N			1.
				2.
				3.
2.	Y / N			1.
				2.
				3.

Is your child under any court orders?	Yes / No* (*please delete as appropriate)
If yes, please specify at which court an order was made and the terms of the order if applicable i.e. residence, contact/access, prohibited steps	

We may communicate via text and e-mail. Please give your preferred e-mail address and mobile number below to receive information this way. Please print clearly.

E-mail: _____ **Mobile:** _____

ADDITIONAL EMERGENCY CONTACTS/ADULT AUTHORISED TO COLLECT MY CHILD

In the event that we are unable to contact you, please give details of anyone else you wish to be contacted in an emergency or who may collect your child if you are unable to. Please only include people whose permission you have asked!

Priority for Contact	Name and relationship to child (including Title)	Home Address (including Post Code)	Contact telephone number(s). (In order of priority). Please indicate home (H)/mobile (M)/ work(W)
1.			1.
			2.
			3.
2.			1.
			2.
			3.

Password

We ask that you provide us with a password that can be used by anyone you give permission to, to collect your child from school. For security reasons, please keep your password safe.

My password:

MEDICAL DETAILS

Surgery Name:		Doctor's Name:	
Address:			
Postcode:			
Telephone Number:		NHS Number:	
Does your child have a medical condition/ health concern that needs to be managed during the school day? Please give details.			
Does your child have any other long-term medical conditions/health concerns? Please give details.			
Please detail any other health concerns/ significant medical events or other information you feel we should know about. Please include information such as speech therapy & serious illness e.g. pneumonia etc.			
Does your child have a health care plan that should be followed in a medical emergency? Please give details.			
Does your child have any allergies/food intolerances? (medical only)			
Details of dietary requirements (e.g. vegetarian, religious requirements etc.)			
Does your child need to take any medicine during the school day? Please give details.			
Please give details of any allergies to animals and relevant control measures (e.g. gloves)			

Emergency Medical Consent

If I cannot be reached, or if a delay in reaching my child would be dangerous for him/her, I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I authorise the supervisory teacher to sign, on my behalf, any written form of consent required if the delay to obtain my signature is considered inadvisable by the doctor or surgeon concerned.

Signature: _____ Date: _____

Photo permissions

To comply with the Data Protection Act 2018, we need your permission before we can photograph or make any recordings of your child for promotional purposes. Please answer the questions below, then sign and date the form where shown. Please note no personal information and/or identification of any pupil other than their first name and initial of their surname will be contained in a school website, whether in conjunction with a published photograph or not. We will not use personal details, full names or include personal e-mail or postal addresses of any child or adult in a photograph in any of our published material. Please also note that websites can be viewed throughout the world and not just in the UK where UK laws apply. Please also note that the conditions of use for these photographs are included as below. By agreeing, please be aware that your decision on whether to give consent will remain valid throughout your child's time at school and up to three years after they leave, unless you notify the school to the contrary in writing. The consent will automatically expire after this time. Please see our website for full conditions of use for images.

Photographs/displays in school

YES / NO

Photographs in the school newsletter and yearbooks where applicable. (Please be aware the newsletter may be published on the website and the school's associated social network pages)	YES / NO
Are you happy for your child to appear in the media? This may mean their photo and first name is used in print	YES / NO
Photographs on the school website and other relevant public information sites such as Facebook	YES / NO
Photographs in the school prospectus and accompanying brochures/promotional material	YES / NO

Breakfast Club Sessions Required

Please tick the regular sessions that you would like your child to attend or indicate whether you will be using Breakfast Club on different days each week.

Monday Tuesday Wednesday Thursday Friday Ad hoc

Comments:

After School Club Sessions Required

Please indicate **C (short session until 4:30pm)**, **G (long session until 6:00pm)** or **E (4:15pm until 6:00pm)** for the regular sessions that you would like your child to attend or indicate whether you will be using After School Club on different days each week.

Monday Tuesday Wednesday Thursday Friday Ad hoc

Comments:

The school is registered under the Data Protection Act 2018 for holding personal data and it is our duty to protect this information and keep it up to date. The school is required to share some of the data with the Local Authority, with the DFE and other relevant organisations. Please see the school's privacy notice for information about how we hold and use all personal data we collect. Please sign below to confirm that you are happy for us to use your information in this way. Thank you.

Signature: _____ Date: _____

Print Name: _____

Working Together – Learning for Life

