

Student's Full Name	Reg. group
---------------------	------------

At North Gosforth Academy, we take our responsibilities for keeping personal information secure very seriously. However, we do not want that duty to prevent your child or children from being able to participate fully in the life of the Academy, and to benefit from the activities and support we can provide.

Please note however, there are circumstances for which we do not require your consent to be able to process the information you provided when your child first started the school. This is a requirement so that the Academy can always fulfil its legal obligations or exercise its official authority (that is to say we have official authority to do so). Examples of these might be for safeguarding purposes, or the prevention or detection of crime.

- Our full privacy statement is available at <https://www.northgosforthacademy.org.uk/>

For the following, we ask for your consent to be able to process your data, or include your child. You can change your mind at any time, and give your consent or withdraw it:

- To give or withdraw your consent, you need to tell us in writing. Withdrawal of consent only applies from the date on which it was withdrawn. You can do this by emailing the Data Protection Officer at dataservices@judicium.com or by writing to The Data Protection Officer, Judicium Consulting Limited, 72 Cannon Street, London, EC4N 6AE
- We will only use the information you consent to, for the following purposes. If we wish to change, or add, to this, we will contact you and seek your consent again.

To ensure we are able to correctly identify who can participate in a range of activities, we would be grateful if you would consider the following questions.

<p>From time to time, we take pupils off site on visits, including curriculum based activities, within the local and regional area. We will still notify you of the visit, in case there are specific issues which you may wish to notify us about. You will be able to withdraw your consent for that specific visit. You continue to have the right to withdraw your consent on this question, at any time. <i>Please note - we are not seeking your consent for residential, overseas or adventurous trips. We will <u>always</u> seek your consent separately for such trips.</i></p> <p>I consent to my child going on local and regional outings.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>In the Academy, pupils can choose to take part in organised sport related activities and fixtures. These can be at various locations including places other than the Academy. They can be both inside and outside normal school hours and can include going to watch a game as well as participation in the activity.</p> <p>I consent to my child taking part in these activities and fixtures.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>There may be times when your child wishes to participate in additional activities, which means they may start or finish school at different times than usual.</p> <p>I consent to my child attending additional activities.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>We can receive requests from the school nurses asking us to provide names and addresses of parents so they can contact you about national programmes they are involved in.</p> <p>I consent to my name and address being provided if requested.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

There may be times when taking part in school trips and other activities where your child may need to receive medication as instructed or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities.

By confirming to this, you understand the extent and limitations of the insurance cover provided. Furthermore that the trips and activities covered by this consent include:

- All visits (including residential trips) which take place during the holidays or weekend;
- Adventure activities;
- Off-site sporting fixtures outside of the school day.

You should complete the medical form overleaf to highlight any medical concerns with your child.

By ticking yes I am aware that I am providing consent for my child in relation to emergency medical treatment.

Yes No

Your signature is required to confirm your consent :

Signature

Please print
Name

Date

Relationship to Student

Please

- Ensure you have completed your child's name and registration group;
- Check you have completed all the questions. If you omit any answer, we will consider that you have declined to give consent;
- Return to North Gosforth Academy, Dudley Lane, Seaton Burn NE13 6EJ.

Medical Information

Name of doctor:	
GP Address:	
Are there any conditions that your child suffers from requiring medical treatment, including medication?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give brief details:
Does your child have any allergies or special dietary requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give full details:
Is your child allergic to any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give brief details:
When did your child last have a tetanus injection?	
Any other relevant information about your child's health that we should know about?	

I understand it is my responsibility to advise the Academy of any medical requirements in relation to my child, and this will always be done at the earliest opportunity. This includes:

- new conditions (temporary or permanent)
- changes to previously notified conditions, including where the condition no longer affects my child
- changes which take place after I have signed any declaration but before any notified trip

Signature	Please print Name	Date
Relationship to Student		