

SECTION 1)

`EXPLORERS' Application Form



Time of Session: 4:00pm - 5:00pm * Your child must be dropped off and collected from The

County High School, Leftwich

Dates: Tuesdays 26/09/23-24/10/23

Your Child's First Name(s): (Please print below)

Venue: The County High School, Leftwich

Your Child's Personal Details:

Please complete <u>ALL</u> Sections of this application form and return to: 'Explorers' Application, The County High School, Leftwich – <u>As soon as possible</u>.

Your Child's Surname :	
DATE OF BIRTH:	ADDRESS:
The Name of Your Child's Primary School:	
(SECTION 2) PARENT/CARER Details:	
Your Name: (Please print below) MR, MISS, MRS:	
LIONE TEL #	
HOME TEL #:	
MOBILE TEL #:	
OTHER CONTACT#:	
EMAIL#:	
Please give alternative contact name/s and numb	per/s for use in an emergency:
1) NAME:	TELEPHONE #:
2) NAME:	TELEPHONE #:
(CECTION 2) Very Child/o Medical Detaile	
(SECTION 3) Your Child's Medical Details: Name of GP:	Address of Doctor's Surgery:
Surgery Telephone Number:	
(SECTION 4) Your Child's Personal Medical a) Does your son/daughter have any conditions require	details: (Please use an additional sheet if required)
(If YES please give full details)	medical dicadment, medicang medication.
YES / NO b) Does your son/daughter have any food or other all	lergies and do they have any special dietary
requirements? (If YES please give full details) YES / NO	
c) Has your son/daughter had any recent illness or ac	ccident we need to be aware of
(If YES please give full details) YES / NO	
d) Is your son/daughter allergic to any medication? (I	If YES please give full details) YES / NO
	123 / 140

The COUNTY HIGH SCHOOL, Leftwich



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DECLARATION: I agree to my son/daughter receiving medication as instructed and any emergency dental, medical of surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.	
*Signature of Parent/Carer:	
(SECTION 5) Use of your Son/Daughter's image during class projects:	
Some 'Explorers' projects involve taking photographs and video footage of the children in groups, which they will take home on DVD. However, no individual identifying information will be included. Please tick the appropriate box:	
YES I give permission for my child's image to be used in the 'Explorers' projects.	
NO I do not give permission for my child's image to be used in the 'Explorers' projects.	
(SECTION 6) Use of your Son/Daughter's image: Publicity: The CHSL may take photographs and video footage of each 'Explorers' session which may be used for promotional materials either in the local newspaper or within the school internal network, website and on DVD/CD, or memory stick. However,	
no individual identifying information will be included. Please tick the appropriate box:	
YES I give permission for images of my child to be used by CHSL for the purpose of promoting 'Explorers' activities.	
NO I do not give permission for images of my child to be used for the purpose of promoting 'Explorers' activities.	
(SECTION 7) Permission of Parent/Carer:	
I give permission for my child to attend the above named CHSL'Explorers' sessions and to participate in all activities mentioned in the programme description. I agree to take responsibility for collecting my child from the above named 'Explorers' Programme.	
*Signature of Parent/Carer:	
Date://202	
Please return completed form to:	

General Data Protection Regulation 2018

The data collected on this form will only be used for the purpose of administration within the Academy and will not be disclosed to any external sources. Both electronic and paper records will be deleted/shredded when the 'Explorers' sessions are completed.

For further information on how we use data, please see www.leftwichhigh.com

FOR YOUR INFORMATION: Pupils taking part in 'Explorers' will be covered by The County High School, Leftwich Insurance Policy.