'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:	**Tuesday 23rd September -21st October 2025**
Venue:	**The County High School, Leftwich**

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

(SECTION 1) **Your Child's Personal Details:**

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

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**:

HOME TEL #:	
MOBILE TEL #:	
OTHER CONTACT#:	
EMAIL#:	

Please give alternative contact name/s and number/s for use in an emergency:

1) NAME: _____ TELEPHONE #:_____

2) NAME: _____ TELEPHONE #: _____

(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 details: (Please use an additional sheet if required)**

a) Does your son/daughter have any SEND requirements or conditions requiring medical treatment, including medication? (If **YES** please give full details)
YES / NO

b) Does your son/daughter have any food or other allergies 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 accident we need to be aware of (If **YES** please give full details)
YES / NO

d) Is your son/daughter allergic to any medication? (If **YES** please give full details)
YES / NO

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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: _____/_____/2025____

Please return completed form to:

'Explorers Application
The County High School, Leftwich
Granville Road
Northwich, Cheshire CW9 8EZ

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.