



# Parent / Guardian Data Collection Form (*Specialist Provision*)

## Teacher Record

### **Contact Details:**

Child's Name: \_\_\_\_\_

Child's Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Parental & Guardian Contact Details:

1. Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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### **Arrival and Departure from School:**

#### **Option 1 - Collected:**

(Child's name) \_\_\_\_\_ will be collected from school in the afternoon from a school door.

No child will be dismissed from the door unless accompanied by a parent/guardian who is 18 or over.

Please list, with contact numbers, those adults who are permitted to collect your child:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### **Option 2 - Taxi:**

(Child's name) \_\_\_\_\_ will be collected from school by taxi. The taxi driver will come to the office to collect him/her.

Please supply the name of the Taxi Company and contact details.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### **Educational Visits:**

I agree to my child, \_\_\_\_\_ (Child's name), taking part in all organised educational visits and activities which take place off-site during the school year September 2025 – June 2026.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Photographs:**

Please delete as appropriate:

**PHOTOGRAPHED / FILMED: I DO / DO NOT** give permission that my son/daughter can be photographed / filmed within school on a school staff iPad.

**CLASS SEESAW: I DO / DO NOT** give permission that my son's/daughter's work and photographs may be published on the Class Seesaw page, which is also visible by other parents / guardians in the class.

**SCHOOL NEWSLETTER / WEBSITE / FACEBOOK PAGE: I DO / DO NOT** give permission that my son's/daughter's work and photographs may be published on the School Newsletter, Website and Facebook Page.

**LOCAL PRESS / NEWSPAPER: I DO / DO NOT** give permission that my son's/daughter's work and photographs may be published in the local press / newspaper.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**Medical:**

Please detail medical need(s) below e.g., Asthma etc. Only allergies as diagnosed by GP should be listed. e.g., Penicillin, Nuts etc.

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**School Policies:**

I am aware that School Policies are available on the School Website and can be accessed at any point.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**Safe Handling:**

I am aware of the schools Safe Handling policy and procedures and I give permission for these to be implemented with my child.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**Intimate Care:**

Please tick as appropriate:

I give permission for school staff to carry out the following intimate care procedures as and when required:

Dressing / Undressing		First Aid	
Toileting		Feeding	
Medical Needs		Teeth Cleaning	
Administer Medication			

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_