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| **Admission form** | | | | | | |
| Please complete the following details as fully as possible in block capitals and black ink. | | | | | | |
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| Id |  | Tutor |  | Start |  |  |
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| **Student details** | | | | | | | | | | | | | | | | | | | | | | |
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| Student’s surname | | | | |  | | | | | | | | | | Male | |  | Female | |  | |  |
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| Student’s forename | | | | |  | | | | | | | Middle name | | |  | | | | | | |  |
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| Student’s address | | | | |  | | | | | | | | | | | | | | | | |  |
| and Postcode | | | | |  | | | | | | | | | | |  | | | | | |  |
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| Home phone | | | | |  | | | | | | Date of birth | | | | |  | | | | | |  |
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| **Parent/ carer details and contact information** | | | | | | | | | | | | | | | | | | | | | | |
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| The Pupils’ Registration Regulations (1988) require us to record all possible parental names. Please give details of all persons who have **parental responsibility** (parents/ carers) for the student, including those **not** living at the student’s address. Please also state the relationship to the student (ie mother, father etc).  In order to keep you informed of all the important events that affect your child we use **Groupcall Messenger**. This facility can send text messages to your phone or electronic versions of letters to your email account. All messages will be sent to the contact detailed as priority 1.  Nothing can replace a telephone call when it is needed and mobile text messaging will only be used in appropriate situations. Examples of this might be:   * If your child is absent or late without authorisation   **Only for contacts with parental responsibility (other contacts should be added to the next page)**   * Same day/ next day detentions * Changes or cancellation of Academy activities * Academy closures of any kind | | | | | | | | | | | | | | | | | | | | | | |
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| **1** | Name and title | | | |  | | | | | | | | | | Relationship | | |  | | | |  |
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| Address | | | | |  | | | | | | | | | | | | | | | | |  |
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| Postcode | | | | |  | | | | | | Email | |  | | | | | | | | |  |
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| Home phone | | | | |  | | | | | | Mobile | |  | | | | | | | | |  |
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| **2** | Name and title | | | |  | | | | | | | | | | Relationship | | |  | | | |  |
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| Address | | | | |  | | | | | | | | | | | | | | | | |  |
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| Are any of the parents listed above employed in the Armed Forces? | | | | | | | | | | | | | |  | Yes | |  | No | |  | |  |
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| **Correspondence name(s)** | | | | | | | | | | | | | | | | | | | | | | |
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| Name and title of person(s) to whom letters should be addressed | | | | | | | | | |  | | | | | | | | | | | |  |
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| **Brothers and sisters** | | | | | | | | | | | | | | | | | | | | | | |
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| Please list the names of all brothers or sisters of this child currently at the Stanground Academy: | | | | | | | | | | | | | | | | | | | | | |  |
|  | Full name | | | | | | | | | | | | | | | | Tutor group | | | | |  |
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| **Additional emergency contact list** | | | | | | | | | | | | | | | | | | | | | | |
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| If an emergency occurs at the Academy and it is not possible to contact a parent/ carer, please indicate below another responsible adult that may be contacted easily during the day and who would be available to collect your child if necessary. Add the name(s) of any person who may be contacted in an emergency to act on your behalf. Please place them in the order you wish them to be contacted in an emergency. | | | | | | | | | | | | | | | | | | | | | | |
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| **3** | Name and title | | | |  | | | | | | | | | | Relationship | | |  | | | |  |
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| Address | | | | |  | | | | | | | | | | | | | | | | |  |
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| Postcode | | | | |  | | | | | | Email | |  | | | | | | | | |  |
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| Home phone | | | | |  | | | | | | Mobile | |  | | | | | | | | |  |
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| **4** | Name and title | | | |  | | | | | | | | | | Relationship | | |  | | | |  |
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| Address | | | | |  | | | | | | | | | | | | | | | | |  |
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| Postcode | | | | |  | | | | | | Email | |  | | | | | | | | |  |
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| Home phone | | | | |  | | | | | | Mobile | |  | | | | | | | | |  |
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| **Ethnic origin, home language and religion** | | | | | | | | | | | | | | | | | | | | | | |
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| The Department of Education requires information about the ethnic make-up of each school.  Please tick the most appropriate box. If you do not consent to the sharing of this information, please tick the 'Refused' box provided. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  |  | | White British | | | |  | Black Caribbean | | | |  | White / Asian | | | |  | Slovakian | | | | |
|  | | | | | | | |  | | | | | | | | | | |
|  |  | | White European | | | |  | Black African | | | |  | Any other mixed background | | | |  | Refused | | | | |
|  |  | |  | | | |  |  |  |  | | | | |
|  |  | | White Italian | | | |  | African / Asian | | | |  | Indian | | | |  | Any other ethnic group or mixed background | | | | |
|  | | | | | | | | | | | | | | | | | |
|  |  | | Other white background | | | |  | White / Black African | | | |  | Pakistani | | | |  |
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|  |  | | Irish | | | |  | White / Black Caribbean | | | |  | Portuguese | | | |  |  | | | | |
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|  |  | | Traveller – Irish | | | |  | Any other black background | | | |  | Chinese | | | |  |  | | | | |
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| Home language | | | | |  | | | | | | Religion | | |  | | | | | | | |  |
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| Country of origin | | | | |  | | | | | | Nationality | | |  | | | | | | | |  |
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| **Medical information** | | | | | | | | | | | | | | | | | | | | | | |
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| Please provide the contact details for your child’s doctor, and any medical conditions that the Academy should be aware of. | | | | | | | | | | | | | | | | | | | | | | |
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| Name of GP practice | | | | | |  | | | | | | | Doctor’s name | | |  | | | | | |  |
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| Address | | | | | |  | | | | | | | | | | | | | | | |  |
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|  |  | |  |  |  | Telephone | | |  | | | | | |  |
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| Details of medical condition | | | | | |  | | | | | | | | | | | | | | | |  |
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| If your child needs to take medication during the school day please complete the additional “Administration of Medicines” form. These two forms, together, constitute an individual health care plan for your child. | | | | | | | | | | | | | | | | | | | | | | |
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| **Looked-after children** | | | | | | | | | | | | | | | | | | | | | | |
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| If your child is a ‘looked-after child’, please provide the name of the social worker, their contact details and the local authority to which they have been assigned. | | | | | | | | | | | | | | | | | | | | | | |
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| Social worker’s name | | | | | |  | | | | | | | Authority | | |  | | | | | |  |
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| Address | | | | | |  | | | | | | | | | | | | | | | |  |
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|  |  | |  |  |  | Telephone | | |  | | | | | |  |
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| **Travel arrangements to school** | | | | | | | | | | | | | | | | | | | | | | |
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| Please advise which mode of transport your child takes the **majority** of the time to arrive to school. | | | | | | | | | | | | | | | | | | | | | |  |
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| **Educational support** | | | | | | | | |
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| Has the student received support for his/ her educational needs?  If yes, please give details on a separate sheet. | |  | Yes |  | No |  | |  |
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| **Young carer** | | | | | | | | | | | | | | | | | | | | | | |
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| Does your child help care for another member of the family? If so, who? | | | | | | | | | | | | | | | | | | | | | |  |
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| Yes | | |  | No |  | Who | |  | | | | | | | | | | | | | |  |
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| **Declaration** | | | | | |
| I confirm the information contained in the above sections is accurate no relevant facts have been withheld. I understand that any inaccuracies may result in a delay in the admissions process. | | | | | |
|  |  | | | |  |
|  | Parent/ carer’s full name |  | | |  |
|  |  | | | |  |
|  | Signature |  | Date |  |  |
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| **Home/ Academy agreement** |
| Please read the home/ Academy agreement below and sign to accept its terms. |

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| **The agreement** | | | | | | | | | | | | | | | | | | | | | | |
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| **Parents/ Carers** - we will   * ensure that our child attends the Academy regularly, on time and properly equipped * support out-of-regular-hours events such as additional tuition or enrichment activities * refrain from using social media to air any issues or concerns we may have with the Academy and will contact the Academy in the first instance * inform the Academy of any concerns or problems that might affect our child’s work, behaviour or attendance * support the Academy policies, particularly those on behaviour, dress and appearance * support homework and encourage other home-learning opportunities * attend parents' evenings and contribute to other discussions about our child’s progress * take an active interest in life at the Stanground Academy and the part your child plays in it   **The Stanground Academy** - we will   * provide a safe, caring and stimulating environment for your child * ensure your child achieves their potential as a valued member of the Academy community * provide a broad and balanced curriculum and meet your child’s individual needs * encourage your child to achieve high standards of work and behaviour, through building good relationships and developing a sense of responsibility * keep you informed about Academy matters and about your child’s progress in particular * promote a wide range of extra-curricular activities * be open and welcoming at all times * listen to parental concerns and work in partnership with you to support your child * offer opportunities for you to become involved in the life of the Academy   **Student** - I will   * attend the Academy regularly, on time and with the right attitude to learn * bring all the equipment I need every day and a rucksack in which to keep it * wear the full Academy uniform and be tidy in appearance * complete all classwork and homework as well as I can * be polite and courteous to others and do as my teachers tell me * respect the feelings, views and property of others in the Academy * help to keep the Academy free from litter, graffiti and vandalism * respect the Academy's computer network * ensure that letters and information from the Academy reach my parents/ carers | | | | | | | | | | | | | | | | | | | | | | |
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| **Declaration and signatures** | | | | | |
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| I have read the above agreement and agree to abide by its terms. | | | | | |
| Parent/ carer | |  | Date |  |  |
|  | | | | | |
| Student | |  | Date |  |  |
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| Academy | |  | Date |  |  |
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| **Online payments agreement** |
| This form must be completed for all students wishing to purchase food in the Academy. |

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| **Online payments for school meals** | | |
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| The Stanground Academy uses a cashless payment system for all purchases of meals in the canteen. This system gives you the flexibility of two methods of depositing money for your child’s school meals and removes the need for your child to have to pay in cash in the canteen.  The online system offers you the freedom to make payments whenever you like through a secure account using your debit/ credit card. Making a payment is straightforward and the system holds an electronic record of your payments for you to view. No card details are stored in any part of the system. Alternatively, cash can still be deposited on the Academy site using the cash machines.  The Stanground Academy has the following terms of use for its online payments system:   * You are expected to keep your child’s balance in credit at all times and ensure there are sufficient funds to cover the purchase of meals in the canteen. * If your child’s balance falls into arrears of more than £2.20 the meal provision will be suspended until sufficient funds are deposited to clear the debt. When your child leaves the Academy we will automatically refund any balance over £10, as long as current contact details are available. If the balance is below £10 we will not issue a refund unless you make a request in writing within 28 days of your child’s leaving date * It is the responsibility of your child to use their account in the correct way. Your child must keep the personal identification number (PIN) issued confidential at all times. The Stanground Academy does not accept any liability for any debt incurred due to the misuse of a Pin.   Please refer to the Vericool Payment Portal user guide.  If for any reason you experience difficulty with payment at any time, please notify the finance department immediately. | | |
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| **Declaration** | | | | | |
|  | | | | | |
| I hereby agree to the Stanground Academy terms of use of online payments as detailed above. I understand that by depositing cash on to my account, I am also deemed to have accepted the Stanground Academy’s terms of use. | | | | | |
|  | | | | | |
|  |  | | | |  |
|  | Student’s full name |  | | |  |
|  | | | | | |
|  | Parent/ carer’s full name |  | | |  |
|  |  | | | |  |
|  | Signature |  | Date |  |  |
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| **Photographic and film consent** |
| Please read the information below and then complete the following details in block capitals and black ink. |

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| **Photographic and film consent** | | |
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| To comply with the General Data Protection Regulations 2018, we need to make you aware that from time to time we may photograph or film your child undertaking Academy activities.  The Academy may photograph your child for the purpose of identification in the Academy’s management information system. The Academy may also use photographs and film for monitoring or educational uses (eg curriculum subjects requiring video and photographs to be submitted to external examiners). The Academy does not require parental consent for these purposes as they are deemed to be public interest.  The use of photographs and films of your child for other purposes require consent and you should tick the appropriate boxes below if you are willing to give such consent. | | |
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| **Photographic and film consent declaration** | | | | | | | | | | | | | | | | | | | |
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| Student’s name | | | | | |  | | | | | | | | | | | |  | |
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| I give my consent for the Stanground Academy and the Greenwood Academies Trust to use photographs and films of the above named child on the following social media platforms *(please tick the appropriate box)*: | | | | | | | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | | |  | |
|  | | Yes | | No | Facebook | | Yes | | No | Twitter | Yes | No | Instagram | | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| I give my consent for the Stanground Academy/ Greenwood Academies Trust to use photographs and films of the above named child in following ways *(please tick the appropriate box)*: | | | | | | | | | | | | | | | | | | | |
|  | | Yes | No | | on the Academy website | | | | | | | | | | | | | |  |
|  | | Yes | No | | on the Greenwood Academies Trust website | | | | | | | | | | | | | |  |
|  | | Yes | No | | in any Greenwood Academies Trust promotional material | | | | | | | | | | | | | |  |
|  | | Yes | No | | in the Academy on wall displays | | | | | | | | | | | | | |  |
|  | | Yes | No | | in the Academy on TV screens | | | | | | | | | | | | | |  |
|  | | Yes | No | | in the local press | | | | | | | | | | | | | |  |
|  | | Yes | No | | in national press | | | | | | | | | | | | | |  |
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| I have read and understood the information above. I understand that it is my responsibility to notify the Academy if I change my mind about withdrawing or granting permission at any time in the future. | | | | | | | | | | | | | | | | | | | |
|  | Parent/ Carer name | | | | | | |  | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |
|  | Parent/ Carer signature | | | | | | |  | | | | | | Date |  | | |  | |
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| **Free school meal application** |
| This application must be completed by the person in receipt of the benefits. Please provide proof of entitlement to benefits. |

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| **Parent/ carer details** | | | | | | | | | | | | | | | | | | | | | | |
| A student whose parent/ carer receives the following benefits is entitled to a free school meal (FSM):   * Universal Credit, provided they have an annual net earned income not exceeding £7,400(£616.67 per month) * Income Support (IS) * Income-based Job Seeker’s Allowance (IBJSA) * income-related Employment and Support Allowance * support under Part VI of the Immigration and Asylum Act 1999 * the guarantee element of Pension Credit * Child Tax Credit, provided you’re not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190, as assessed by HMRC * Working Tax Credit run-on – paid for four weeks after you stop qualifying for Working Tax Credit   Children who receive IS or IBJSA in their own right are also entitled to free school meals. | | | | | | | | | | | | | | | | | | | | | | |
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| Title | | | | |  | | Surname | | |  | | | | | | | | | | | |  |
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| First name(s) | | | | |  | | | | | | | | | | | | | | | | |  |
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| Home address | | | | |  | | | | | | | | | | | | | | | | |  |
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| Postcode | | | | |  | | | | | | Telephone | | |  | | | | | | | |  |
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| Date of birth | | | | |  | | | | | |  | |  |  | Male | |  | Female | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
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| Please provide **one** of the following reference numbers to support your application: | | | | | | | | | | | | | | | | | | | | | | |
| National Insurance (NI) Number | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  |
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| National Asylum Seeker Service (NASS) Reference Number | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  |
| *(The NASS reference taken from the Home Office letter is eg 06/06/01234/001 should be entered as 060601234)* | | | | | | | | | | | | | | | | | | | | | | |
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| **Children details** | | | | | | | | | | | | | |
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|  | Last name | | First name | | | | | Date of birth | | | | |  |
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| 2 |  | |  | | | | |  | | | | |  |
| 3 |  | |  | | | | |  | | | | |  |
|  | | | | | | | | | | | | | |
| Relationship to children listed above | | | |  | Mother |  | Father | |  | Carer |  | |  |
|  | |  | | | | | | | | | |  | |

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| **Parent/ carer consent** | | | | | | | | |
| I understand that the information I have provided in this form will be used to check the FSM eligibility against a national database. I agree that you will use the information I have provided to process my claim for free school lunches and will contact other sources as allowed by law to verify my initial, and ongoing, | | | | | | | | |
| entitlement. | |  | | | | | | |
| Signature |  | | Date |  |  | |
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| **Administration of medicines** | | | |
| This form is for students that need to take their own medication during the day. Please complete the following details in block capitals and black ink. | | | |

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| **Administration of medicines information** | | | | | | | | | | | | | | | | | | | | | | |
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| In order to provide support and assistance to parents and to allow students to continue their education without prolonged interruption, the Academy offers to administer medication to students via designated trained staff. For health and safety reasons, students must not carry medicines/ tablets around the Academy in their bags, apart from asthma inhalers and EpiPens.  If your child takes medication on a regular basis please contact our reception staff to discuss his or her needs as soon as possible.  Please return this consent form to the Academy as soon as possible and ensure we have a supply of your child’s medication for the start of the new term in September. | | | | | | | | | | | | | | | | | | | | | | |
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| **Student details** | | | | | | | | | | | | | | | | | | | | | | |
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| Student’s full name | | | | |  | | | | | | | | | | | Tutor group | | |  | | |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| Parent home telephone | | | | | | | |  | | | | | | | |  |  |  |  |  | |  |
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| Parent work telephone | | | | | | | |  | | | | | | | |  |  |  |  |  | |  |
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| Parent emergency contact number | | | | | | | |  | | | | | | | |  |  |  |  |  | |  |
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| Medication to be given or procedure to be undertaken, including doses and frequency of application. Please provide details, where appropriate, of what constitutes an emergency for your child with regard to their medical condition. | | | | | | | | | | | | | | | | | | | | | | |
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| **Declaration** | | | | | |
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| I undertake to ensure that the Academy has adequate supplies of the medication/ equipment.  I undertake to ensure that the medication/ equipment supplied by me and prescribed by my child’s doctor is correctly labelled, in date, with storage details attached, and that the Academy will be informed of any changes.  I understand that the medication/ procedure will be carried out by a member of staff who has received appropriate training.  I understand that this will be reviewed annually. | | | | | |
|  | | | | | |
|  |  | | | |  |
|  | Parent/ carer’s full name |  | | |  |
|  |  | | | |  |
|  | Signature |  | Date |  |  |
|  |  | | | |  |