



# Welcome to Cockermouth School

**Data collection, parental consent & order forms**

<b>Student's Name:</b>	
<b>Student's Year/Form:</b>	

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## 1 | Introduction

On the following pages you will find several forms that need to be completed so that your child can have the best possible start at Cockermouth School.

All students (and their parents) are expected to sign up to the Cockermouth School Values, which can be found on page 5.

The Student Data Collection Sheet may contain some of the information that we have received from the local authority or from your child's primary school. If relevant, please check this information carefully, making amendments where necessary. Any missing or incomplete information should also be added here. Where additional contact information is entered (such as grandparents or friends/neighbours), you should ensure that you have obtained their consent before entering their personal details.

There is also a Parental & Student Declaration & Consent Form on page 10; this should be signed by a parent or carer **and**, in the case of the Internet Acceptable Use Policy section, also by the student. Further information on this section can be found in the *Welcome to Cockermouth School: A practical guide for parents* booklet.

Please complete this booklet as soon as possible and return to: [dataoffice@cockermouthschool.org](mailto:dataoffice@cockermouthschool.org), or print and return to school in a sealed envelope by 30 June 2020 to:

**Data Assistant  
Data Office  
Cockermouth School  
Cockermouth  
Cumbria  
CA13 9HF**

Please be assured that all information provided to us is held on a secure, password-protected computer system, which can only be accessed by those with the relevant permissions. All personal data is processed in compliance with the General Data Protection Regulation and the Data Protection Act 2018. For details of who we may share information with, please see our Privacy Notice on page 20 of the *Welcome to Cockermouth School: A practical guide for parents* booklet. A copy of the latest Privacy Notice is also available on the school's website: <http://www.cockermouthschool.org/about-us/policies/>.

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# Cockermouth School Values



All members of our school will:

- **aspire** to achieve our very best in all that we do
- aim to **enjoy** and succeed by displaying a positive attitude to learning
- strive to make everyone feel **included** and valued
- show **respect** to each other in our daily interactions
- contribute fully to and celebrate in the success of our **community**

DECLARATION		
Student's Name:		
Form Group:		
Student's Signature:		Date Signed:
Parent's Signature:		Date Signed:
Tutor's Signature:		Date Signed:

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### 3 | STUDENT DATA COLLECTION SHEET

It is important that we have the correct personal information on our school database, especially with regard to emergency contact details. Please complete all sections of this form and return to the Data Office as detailed on page 3. All personal data is collected and processed in compliance with the General Data Protection Regulation and Data Protection Act 2018.



STUDENT DETAILS:		Form Group:	
<b>Student's Legal Surname:</b> (as it appears on Birth Certificate)		<b>Legal Forenames:</b> (as on Birth Certificate)	
<b>Known as:</b>		<b>Gender:</b>	
<b>Date of Birth:</b>		<b>Travel to School:</b> (school bus, car, walk etc)	
<b>Home Address:</b> (inc postcode)		<b>Lunch:</b> (School meal, packed lunch, etc)	
		<b>Religion:</b> (Optional)	
		<b>First Language:</b> (to which child was exposed at birth)	
<b>Ethnicity:</b>		<b>Home Language:</b> (currently spoken at home)	
<b>Country of Birth:</b> (Optional)		<b>Nationality:</b> (Optional)	

#### PARENT / CARER EMERGENCY CONTACT DETAILS:

Please list contacts in the order in which you would like them to be contacted in the event of an emergency. Consent should be obtained from contacts before you enter their personal details onto this form. You should include the name(s) of **all persons known to have Parental Responsibility** (including divorced parents, foster carers or social workers). A primary email address and mobile number should be included for parents/carers.

<b>CONTACT 1 – Relationship to Student (please state):</b>		Mother/Father/Carer/Social Worker/Other:	
Name:		Email (if parent):	
Full Address:			
Tel Nos:	Home:	Work:	Mobile:

<b>CONTACT 2 – Relationship to Student (please state):</b>		Mother/Father/Carer/Social Worker/Other:	
Name:		Email (if parent):	
Full Address:			
Tel Nos:	Home:	Work:	Mobile:

<b>CONTACT 3 – Relationship to Student (please state):</b>		Mother/Father/Carer/Social Worker/Other:	
Name:		Email (if parent):	
Full Address:			
Tel Nos:	Home:	Work:	Mobile:

<b>CONTACT 4 – Relationship to Student (please state):</b>		Mother/Father/Carer/Social Worker/Other:	
Name:		Email (if parent):	
Full Address:			
Tel Nos:	Home:	Work:	Mobile:

With whom does the student live? **BOTH PARENTS / MOTHER / FATHER / CARER / OTHER:**

Who has Parental Responsibility for or custody of the student?

Is there a Court Order in place that school should be aware of?

Is either parent in the Armed Forces or in receipt of a child pension from the MoD?  
If **YES**, please state the relevant parent's name:

Are family circumstances such that it is necessary for us to supply duplicate correspondence and reports to a different person at a different address? If so, please supply the name and address of the recipient(s) if not already stated above, and the reason duplicate correspondence is required here (continue on a separate sheet if necessary):

**Adopted Children or those with Special Guardianship Order or Residence Order:**  
Please refer to the guidance on page 26/27 of the booklet entitled *Welcome to Cockermouth School: A practical guide for parents*, and let us know if your child has been adopted from care, either by email to [moffata@cockermouthschool.org](mailto:moffata@cockermouthschool.org) or by letter addressed to Mrs A Moffat, Data Manager, c/o Cockermouth School.

# 4 | STUDENT MEDICAL INFORMATION



Please complete the information shown below and return this form to the Data Office. If your child needs to carry medication in school, or medication needs to be administered by a member of staff, you must also complete the relevant sections on the Carry/Administer Medication form on page 9 of this booklet.

<b>Student's Name:</b>		<b>Gender:</b>	
<b>Form Group:</b>		<b>Date of Birth:</b>	
<b>Doctor's Practice:</b>			
<b>Practice Tel No:</b>			

**MEDICAL CONDITIONS OR ILLNESSES:**

Please give details of any medical conditions or recent illnesses of which the school should be aware:

**Please give details of any prescribed medication/treatment taken for the above condition(s), including epipens, inhalers, tablets etc:**

**Does your child intend to carry this medication or have it administered in school?**

If YES, please complete the Parental Declaration on page 9. If NO, please give details below of who will administer the medication, if relevant:

**Does your child have an Individual Health Care Plan from their previous school?**

If YES, please give brief details for us to follow up:

If your child does not have an Individual Health Care Plan but you feel one should be in place, please indicate below and the Head of Year or their admin support will contact you in due course to arrange an appointment.

**IHCP:**

**Please indicate below if your child has a medically diagnosed allergy to any of the following foodstuffs:**

<input type="checkbox"/> Celery	<input type="checkbox"/> Fish	<input type="checkbox"/> Milk	<input type="checkbox"/> Nuts	<input type="checkbox"/> Soybean
<input type="checkbox"/> Crustaceans	<input type="checkbox"/> Gluten	<input type="checkbox"/> Molluscs	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Sulphites
<input type="checkbox"/> Eggs	<input type="checkbox"/> Lupin	<input type="checkbox"/> Mustard	<input type="checkbox"/> Sesame Seeds	<input type="checkbox"/> Other .....

If you have indicated above that your child has a medically diagnosed food allergy, the Kitchen Staff will display a Food Allergy Record and photo of them on the kitchen wall near the servery, for which we would prefer your consent. Please tick the relevant option below:

I **consent** to a Food Allergy Record and photo of my child being displayed by the kitchen servery

I **DO NOT consent** to a Food Allergy Record and photo of my child being displayed by the kitchen servery

**Is there any further medical information of which the school should be aware? If so, please give details below:**

If you have indicated above that your child needs to carry medication in school, or may need a member of staff to administer medication, please complete the section on page 9, otherwise please sign below.

<b>Parent / Carer Signature:</b>		<b>Date:</b>	
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# 5 | PARENTAL CONSENT TO CARRY/ADMINISTER MEDICATION



You only need to complete this form if your child needs to carry/have administered prescribed medication in school. Cockermouth School will not give your child medicine unless it is in accordance with our *Supporting Students with Medical Conditions Policy* (which is available on the school website), and you complete and sign this form.

Contact Details:			
<b>Student's Name:</b>		<b>Form Group:</b>	
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Date for Review to be Initiated by:</b>			
Medical diagnosis, condition or illness:			
Medicine(s):			
<b>Name/type of medicine(s):</b> <small>(as described on the container)</small>			
<b>Expiry Date(s):</b>			
<b>Dosage and method of administration:</b>			
<b>Timing(s):</b>			
<b>Special precautions/other instructions:</b> <small>(e.g. with food etc)</small>			
<b>Side effects school should know about:</b>			
<b>Can your child self-administer?</b>		<b>If YES, is supervision required?</b>	
<b>Does the medicine need to be carried by your child on their person?</b>			
<b>If YES, what and where will they keep it?</b>			
Steps to be taken in the event of an emergency:			
<b>PLEASE NOTE: all medicines must be in the original containers, with student's name and dosage, as dispensed by the pharmacy.</b>			
<b>Name of Parent/Carer:</b>			
<b>Relationship to student:</b>			
<b>Address:</b>	<b>Home Telephone No:</b>		
	<b>Work Telephone No:</b>		
	<b>Mobile Telephone No:</b>		
I understand that I must deliver the medicine personally to: <small>(please enter name of agreed member of staff)</small>			
I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.			
I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.			
I understand that my child must have the number of working, in-date AAls that their medical practitioner has recommended, clearly labelled with their name, which they will bring with them every day.			
I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them.			
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to Cockermouth School staff administering medicine in accordance with the <i>Supporting Students with Medical Conditions Policy</i> . I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medicine, or if the medicine is stopped.			
<b>Parent/Carer Signature:</b> .....		<b>Date:</b> .....	

# 6 | PARENTAL & STUDENT DECLARATION & CONSENT FORM

Please sign all relevant sections and return to the Data Office according to the instructions on page 3 before Friday 10 July 2020.



<b>Student's Name:</b>	
<b>Form Group:</b>	
<b>Name of Parent / Carer:</b>	

## ACCEPTABLE USE POLICY (AUP): INTERNET, MOBILE DEVICES, ICT FOR STUDENTS STUDENT DECLARATION AND PARENTAL PERMISSION

This section must be signed by **both** the student and a parent or carer (see AUP information on page 16 in *Welcome to Cockermouth School: A practical guide for parents*). Consent can be withdrawn at any time in writing to the Data Office or by emailing [dataoffice@cockermouthschool.org](mailto:dataoffice@cockermouthschool.org).

### STUDENT

As a school user of the Internet, I agree to comply with the school rules on its use. I will use the network in a responsible way and observe all the restrictions explained to me by the school in the *Acceptable Use Policy: Internet, Mobile Devices, ICT for Students*.

**Student's Signature** ..... **Date** .....

### PARENT / CARER

As the parent or carer of the student signing above, I grant permission for my child to use electronic mail and the Internet, and their own mobile device as outlined in the *Acceptable Use Policy: Internet, Mobile Devices, ICT for Students*. I understand that students will be held accountable for their own actions. I also understand that some materials on the Internet may be objectionable and I accept responsibility for setting standards for my child to follow when selecting, sharing and exploring information and media.

**Parent / Carer Signature** ..... **Date** .....

## EDUCATIONAL VISITS

This consent will last while your child is with us at Cockermouth School, but it is good practice for us to check your consent still applies when we offer residential or adventurous visits. When we tell you about them, we will ask for current information about your child, e.g. updated medical needs, sleepwalking, swimming ability etc, and offer you the chance to withdraw your consent. You should also complete and return any slip provided at that time.

### DECLARATION (please tick only one box):

- **I CONSENT** to my child taking part in school trips and other activities that take place off-site **and** to them being given urgent medical or dental treatment or necessary pain relief during any trip or activity.
- **I DO NOT CONSENT** to my child taking part in school trips and other activities that take place off-site **and** to them being given urgent medical or dental treatment or necessary pain relief during any trip or activity.

### I understand that:

- **All** trips and activities are covered by this consent and will include;
  - all visits (including residential trips) which take place during the holidays or a weekend,
  - adventure activities at any time *and*
  - off-site sporting fixtures outside the normal school day.
- School will provide me with information about each trip or activity before it takes place.
- I can inform school that I **do not** want my child to take part in a particular trip/activity and I should do so in writing.
- I **must** ensure that I and my child understand and agree to abide by any trip Code-of-Conduct.
- I **must** keep school informed if any medical information I have provided becomes out-of-date or where religious beliefs may impact on any medical treatment my child may receive.
- I **must** keep school informed if any emergency contact information I have provided becomes out-of-date or does not apply to a particular trip and I must provide alternatives as necessary.
- All school activities are appropriately insured. I also understand the extent and limitations of this insurance (details available on request).

**Medical Information:** please list details of any medical conditions (including allergies and travel sickness) that your child suffers from, and any medicines with dosage etc. that they should take during off-site activities including those outside school hours or overnight – attach additional sheet if necessary.

## USING OUR WEBSITE OR A MOBILE APP TO STAY IN TOUCH

To keep up-to-date with information about Cockermouth School, particularly activities, visits and fixtures (\*please delete as applicable):

- I **can / cannot\*** use the school website.
- I **can / cannot\*** use the school apps (e.g. Firefly, Weduc)

Please enter the names of two Emergency Contacts below who can be contacted during educational visits or extra-curricular activities.

EMERGENCY CONTACTS	Contact One:	Contact Two:
Contact Name:		
Relationship to Student:		
Home Telephone:		
Work Telephone:		
Mobile Telephone		

## USE OF YOUR CHILD'S IMAGE AND VOICE FOR MARKETING / SOCIAL MEDIA

Please see further information relating to image consent on pages 15 & 24 of *Welcome to Cockermouth School: A practical guide for parents*, then read the three statements below and tick the relevant column to indicate your consent. Consent can be withdrawn at any time in writing as above.

- |  | I Consent                | I Do Not Consent         |
|--|--------------------------|--------------------------|
| 1) Image and voice recordings of my child being published in media used for official school purposes in line with school policy, which school directly controls and which will <b>never be published online</b> by school e.g. the promotional montage video that plays on repeat in reception, promotional leaflets and banners.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Image and voice recordings of my child being published in media, which school directly controls and which <b>will be published online</b> and therefore be available worldwide e.g. the prospectus, the school website, school social media sites (Facebook, Twitter, Instagram etc).   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Image and voice recordings of my child being published in media which school does <b>not</b> directly control i.e. outside organisations which school has carefully selected and which <b>will be published online</b> e.g. news media, other school websites publicising events that your child participated in, external sporting events, external drama or music events etc. | <input type="checkbox"/> | <input type="checkbox"/> |

I **understand** that any image or voice recordings I might make at Cockermouth School events must not be used inappropriately **and** that they cannot be shared publicly without suitable consent from everyone in them. I also understand that if these rules are not respected, governors reserve the right to stop everyone from recording school events.

## NECESSARY PAIN RELIEF (Paracetamol)

We will not give your child any medicine, including necessary pain relief, unless it is in line with our *Supporting Students with Medical Conditions Policy* **and** you give your express consent here (**tick only one box**):

- I **CONSENT** to my child receiving necessary pain relief medicine (Paracetamol) in line with the school policy and as per my instructions or those of a medical practitioner.
- I **DO NOT CONSENT** to my child receiving necessary pain relief medicine (Paracetamol) in line with the school policy.

I understand that, if my child will require the regular administration of medicine at school, even for a limited time, I **must** complete another form with full details (see page 9 of this booklet).

## YOUTH SUPPORT SERVICES (INSPIRA) INFORMATION SHARING

Please read the Youth Support section of the Privacy Notice on page 22 of the *Welcome to Cockermouth School* booklet, then tick the relevant box below. Please note that students over the age of 16 can sign this section for themselves. Consent for sharing data other than name, address and date of birth with Inspira can be withdrawn at any time by contacting the Data Office on [dataoffice@cockermouthschool.org](mailto:dataoffice@cockermouthschool.org).

- I **CONSENT** to the sharing of my / my child's data as required by Inspira.
- I **DO NOT CONSENT** to the sharing of my / my child's data (other than name, date of birth and address) as required by Inspira.

## BIOMETRIC CASHLESS CATERING AND LIBRARY MANAGEMENT SYSTEM

This section must be completed if you wish your child to use biometric systems at Cockermouth School (see further information on page 15 in *Welcome to Cockermouth School: A practical guide for parents*). Consent can be withdrawn at any time in writing as above.

- **I CONSENT** for the biometric data of my child to be used by Cockermouth School for use as part of a recognition system for cashless catering and library management.
- **I DO NOT CONSENT** for the biometric data of my child to be used by Cockermouth School for use as part of a recognition system for cashless catering and library management.

### Parental Signature: the signature below covers all consents listed in this notice

<b>Signed:</b>		<b>Date:</b>	
<b>Print Name:</b>		<b>Relationship to Child:</b>	

When completed, please return/submit this form via the school website or post to:

- The Data Office, Cockermouth School, Castlegate Drive, Cockermouth CA13 9HF

The forms can also be scanned/photographed and emailed to: [dataoffice@cockermouthschool.org](mailto:dataoffice@cockermouthschool.org). Be aware that, whilst Cockermouth School's email server is secure, we cannot be responsible for the security of your own email provider.

# 7 | CSCA 100-CLUB SUBSCRIPTION / STANDING ORDER FORM

If you wish to subscribe to the Cockermouth School and Community Association 100-Club and monthly raffle, please complete your details and bank information below, sign and return to the Data Office, c/o Cockermouth School before the end of the summer term. **The information you provide on this form will be held by the relevant officer of the CSCA in strict confidence. Information collected will also be shared with your bank. We only collect this information and then pass onto the CSCA.**



A copy of the CSCA's Privacy Notice can be found on the CSCA page on the school website: <http://www.cockermouthschool.org/about-us/CSA/>

BANK DETAILS			
Your Bank or Building Society Name & Address:			
Bank Sort Code:		Bank Account No:	
Bank Account Name:			
PAYMENT DETAILS			
Amount of first payment:	£12.00	Amount of usual payment:	£12.00 (twelve pounds)
Frequency of payments:	Annually	Date of first payment: (please enter)	
Beneficiary:	Barclays Bank plc, Cockermouth Branch		
Account Name:	COCKERMOUTH SCHOOL ASSOCIATION 100 CLUB		
Sort Code:	20-66-97	Account No:	30272760
INSTRUCTION			
I instruct my bank to continue payments to the above account until further notice:			
Your Signature .....		Date .....	
YOUR DETAILS			
Name:			
Address:			
Telephone No:			
Email Address:			
FOR CSCA OFFICE USE ONLY:			
Membership Number:		Payment Month:	

**Head of Year 7:**

Mrs A Fox BA

**Director of Pastoral Support – Year 7 & Primary Liaison:**

Mr I Routledge BSc

**Headteacher:**

Dr R P Petrie BSc PhD

**Chair of Governors:**

Mrs S Moses

Cockermouth School · Castlegate Drive  
Cockermouth · Cumbria · CA13 9HF

Tel: 01900 898888

[www.cockermouthschool.org](http://www.cockermouthschool.org)  
[reception@cockermouthschool.org](mailto:reception@cockermouthschool.org)

aspire · enjoy · include · respect · community

An Inspired Facility



With the support of the  
Erasmus+ programme  
of the European Union

