



# **Newbridge School Consent Form & Information Pack**

**Student:** \_\_\_\_\_



## Student Data Collection

Please complete the details and return to the school office.

### Student Personal Information

|                           |  |                         |  |
|---------------------------|--|-------------------------|--|
| Legal Forename            |  | Middle name             |  |
| Legal surname             |  |                         |  |
| Chosen/Preferred Forename |  |                         |  |
| Chosen/Preferred Surname  |  |                         |  |
| Date of Birth             |  | Gender                  |  |
| Home Language             |  | Ethnicity               |  |
| Religion                  |  | Siblings at this school |  |

### Student Contact Details

|                |  |            |  |
|----------------|--|------------|--|
| Postal Address |  |            |  |
| Mobile Phone   |  | Home Phone |  |
| Email Address  |  |            |  |

### Medical & Dietary

|                                 |  |
|---------------------------------|--|
| Name of the Medical Practice    |  |
| Address of the Medical Practice |  |
| Telephone number                |  |
| Any Medical Conditions          |  |
| Any Dietary Requirements        |  |



### Guardians & Emergency Contacts

Please give details of all persons who have parental responsibility, and anyone else you wish to be contacted in an emergency. Place them in order that you wish for them to be contacted.

#### 1<sup>st</sup> Priority emergency Contact

|  |  |                             |                |          |
|--|--|-----------------------------|----------------|----------|
| Name                                       |  | Relationship to the Student |                |          |
| Primary Guardian (parental responsibility) |  | Yes / No                    | Legal Guardian | Yes / No |
| Authorised to collect student              |  | Yes / No                    |                |          |
| Email Address                              |  |                             | Mobile Phone   |          |
| Postal Address                             |  |                             | Home Phone     |          |
|  |  |                             | Work Phone     |          |

#### 2<sup>nd</sup> Priority emergency Contact

|  |  |                             |                |          |
|--|--|-----------------------------|----------------|----------|
| Name                                       |  | Relationship to the Student |                |          |
| Primary Guardian (parental responsibility) |  | Yes / No                    | Legal Guardian | Yes / No |
| Authorised to collect student              |  | Yes / No                    |                |          |
| Email Address                              |  |                             | Mobile Phone   |          |
| Postal Address                             |  |                             | Home Phone     |          |
|  |  |                             | Work Phone     |          |

#### 3<sup>rd</sup> Priority emergency Contact

|  |  |                             |                |          |
|--|--|-----------------------------|----------------|----------|
| Name                                       |  | Relationship to the Student |                |          |
| Primary Guardian (parental responsibility) |  | Yes / No                    | Legal Guardian | Yes / No |
| Authorised to collect student              |  | Yes / No                    |                |          |
| Email Address                              |  |                             | Mobile Phone   |          |
| Postal Address                             |  |                             | Home Phone     |          |
|  |  |                             | Work Phone     |          |



**4<sup>th</sup> Priority emergency Contact**

|  |          |                             |          |
|--|----------|-----------------------------|----------|
| Name                                       |          | Relationship to the Student |          |
| Primary Guardian (parental responsibility) | Yes / No | Legal Guardian              | Yes / No |
| Authorised to collect student              | Yes / No |                             |          |
| Email Address                              |          | Mobile Phone                |          |
| Postal Address                             |          | Home Phone                  |          |
|  |          | Work Phone                  |          |

**Completed by:**

**Signature:** .....

**Name:** .....

**Date:** .....



## **COPYRIGHT PERMISSION CONSENT**

Occasionally at Newbridge School we may use copies of work students have produced at our school such as artwork, written work, recordings of your child's voice or instrument playing as well as videos of your child. We use these as part of our school displays and sometimes in other printed publications. We may also use them on our school website.

If we use work produced by individual students, we may use the name of that student in the accompanying text. If we name a student in the text, we will not use a photograph of that student to accompany the article. If a student had won an award and the parent/carer would like the name of their child to accompany their work, we will obtain permission from the parent/carer before using the image.

Students work may also sometimes be published in local or national newspapers, or on an approved website.

Please answer the questions below, then sign and date the form to confirm consents provided.

I give permission for my child to have a school photograph taken & for their work to be copied YES  NO

I give permission for my child's work to be used within school for display purposes or of an alternative education provider accessed by my child including work experience placements YES  NO

I give permission for my child's work to be used in other printed publications YES  NO

I give permission for my child's work to be used on our website or on a school learning platform YES  NO

I give permission for my child's work to appear in the media YES  NO

Parent/carer signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_



## PHOTOGRAPHY CONSENT FORM

Occasionally at Newbridge School we may take photographs of the students at our school. We use these images as part of our school displays and sometimes in other printed publications. We will also use them on our school website.

If we use photographs of individual students, we will not use the name of that student in the accompanying text or photo caption. If we name a student in the text, we will not use a photograph of that student to accompany the article. If a student had won an award and the parent/carer would like the name of their child to accompany their picture, we will obtain permission from the parent/carer before using the image.

From time to time, our school may be visited by the media who will take photographs or film footage of an event such as drama productions, sports events, award giving, work experience etc. Students may appear in these images, which will sometimes be published in local or national newspapers, or on an approved website.

To comply with the Data Protection Act 2018, we need your permission before we can photograph or make any recordings of your child. Please answer the questions below, then sign and date the form where shown.

I give permission for my child to have a school photograph taken YES  NO

I give permission for my child's photograph to be used within school for display purposes or of an alternative education provider accessed by my child including work experience placements YES  NO

I give permission for my child's image to be used in other printed publications YES  NO

I give permission for my child's image to be used on our website or on a school learning platform YES  NO

I give permission for my child to appear in the media YES  NO

Parent/carer signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_



**PERSONAL, SOCIAL & HEALTH EDUCATION (PSHE)**

All students take part in the Personal, Social and Health Education (PHSE) Programme.

Some of the course involves topics on reproduction, contraception, sexually transmitted diseases and the effects of alcohol and drugs on the body.

The programme may also include personal relationships, anti-bullying and elements of Citizenship.

Newbridge School operates a whole school policy regarding bullying.

I agree to my child attending classes where these topics are discussed.

Parent/carer signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_



## **NEWBRIDGE SCHOOL TRANSPORT**

Students using Newbridge School transport including school minibuses, staff's private vehicles which are registered with the school or Worcestershire County Council transport either on a visit or being transported from home to school (or school to home) should be made aware of basic safety rules by staff transporting students.

- All mobile phones/lighters/cigarettes etc. must be handed in to staff before getting on the transport
- Arrive on time and wait for the transport in a safe place
- Do not rush towards the transport when it arrives
- Follow staff instruction about where to be seated
- Students must not sit in the front of a minibus – under any circumstances
- Always wear your seatbelt and remain seated until staff advise that you can get off the bus
- Never attempt to stand up/walk around when vehicle is moving or attempt to get off moving transport, if you need to move in an emergency let an escort or the driver know
- Never tamper with any of the vehicle's equipment/radio/driving controls – only the driver controls the radio – if students persist there will be no music
- Bags/clothes/PPE must not block aisles or cause obstructions
- Students must not shout/swear or throw anything out of vehicle window
- Students must respect the driver's instruction and try not to distract them from driving.

### **Student:**

I agree to comply with the above transport health and safety rules. If I do not, I understand I may be at risk of suspension:

Student: \_\_\_\_\_

Signed: \_\_\_\_\_

### **Parent/carer:**

I give consent for my child to travel to and from Newbridge School on the school minibus, in staff's private vehicles and on public transport with staff members who have completed relevant assessments to comply with school policies. If my child does not comply with the above rules, I understand they may be at risk of suspension:

Parent/carer signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_



**ACCEPTABLE USE POLICY**  
**STUDENT USE OF INTERNET ACCESS/ICT/DIGITAL MEDIA**

At Newbridge we ensure that through our school vision, values, rules, diverse curriculum and teaching we promote tolerance and respect for **all cultures, faiths and lifestyles**. The governing body also ensures that this ethos is reflected and implemented effectively in school policy and practice and that there are effective risk assessments in place to safeguard and promote students' welfare.

We have a duty to prepare our children for life in modern Britain and to keep them safe.

Students who attend our school have the right to learn in safety. We do not tolerate bullying of any kind and will challenge derogatory language and behaviour towards others and prepare children on the dangers of radicalisation and extremism.

This policy aims to ensure that any **ICT or digital media technology** is used safely within school and without creating unnecessary risk to the user or others.

***As a student at Newbridge School, I agree that when using the internet/ICT/Digital Media in school I will:***

- Follow the school rules regarding the acceptable use of computer equipment and when using the internet for research purposes.
- Follow the school rules regarding the use of a **personal mobile device/MP3/4 player/iPod/smart watches** - unless I am given permission.
- Only visit internet sites which are appropriate and when I have permission.
- Only use an approved school e-mail account.
- Only create and share content that is legal and appropriate.
- Only communicate electronically with trusted users that I know or users that have been approved by my school.
- Report unsuitable content or activities to a member of staff.
- Respect copyright and the intellectual property rights of others.

I also understand that anything I share on-line will be monitored and that once I share anything on-line it is out of my control and may be used by others in a way that I do not intend.

I am aware of the **CEOP** report button and know when to use it.

I understand that if I do not follow the school rules I may be at risk of suspension.

Student signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_



## **MOBILE PHONES AT SCHOOL**

We would like to request that students do not bring their mobile phones into school. Any student bringing a phone into school will be expected to hand it in to staff upon entering the premises.

Please note that the school will not be liable for any loss or damage of the mobile phone whilst on school premises.

Parent/carer signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_



**GDPR Pupil & Parent Carer Privacy notice**

I confirm that I have received, read and understood a copy of the GDPR Pupil & Parent/Carer Privacy Notice.

Name of Pupil: .....

Signature of Pupil: .....

Date: .....

Name of Parent: .....

Signature of Parent: .....

Date: .....



## **Home School Agreement**

Newbridge School is committed to achieving the best possible outcomes for all students and recognises the importance of positive partnership with parents/carers for achieving this.

### **Newbridge School commitment:**

- Show all students respect and unconditional positive regard
- Care for all students' safety and wellbeing
- Set high expectations for students
- Explicitly teach what we recognise to be acceptable behaviour and role model appropriate behaviour in every interaction
- Provide a broad, appropriate curriculum
- Provide an appropriate, stimulating learning environment
- Deal with any cases of harassment or bullying promptly and firmly
- Listen to both students and parent carers, always aiming for the best possible levels of communication between school and home

### **Parent/Carer commitment:**

- Support Newbridge's aims and policies
- Ensure that my child attends as per their timetabled days and hours
- Expect and encourage my child to behave appropriately at school and engage with learning
- Recognise that if my child's behaviour is unacceptable this may result in detentions, suspension or outside agency intervention
- Recognise that if my child displays certain challenging behaviours this may result in appropriate physical intervention being used (for my child's safety, the safety of others, or to prevent/stop damage, disruption or criminal activity)
- Celebrate my child's achievements with praise and encouragement
- Communicate openly with Newbridge
- Ensure that Newbridge always has current emergency contact number(s), answer calls and respond to texts promptly
- Ensure I collect my child promptly if they become unwell, require medical attention or are engaging in unsafe behaviour
- Understand that if my child does not follow school rules they are at risk of suspension

### **Student commitment:**

- Make safe choices
- Be where I should be
- Respect the school building and resources
- Show respect for other students and staff
- Engage with learning
- Hand in any possessions that should not be in school (including mobile phone) to be locked away for safety



- Recognise that if my behaviour is unacceptable this may result in detentions, suspension, or outside agency intervention
- Recognise that if I display certain challenging behaviours this may result in appropriate physical intervention being used (for my safety, the safety of others, or to prevent/stop damage, disruption or criminal activity)
- Understand that if I do not follow school rules I am at risk of suspension.

Parent/carer signature: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **OFFSITE EDUCATIONAL OPPORTUNITIES**

As part of our curriculum, students are expected to take part in off-site educational provision to enhance their learning. For example, local leisure centres/parks/sport facilities, outdoor activity centres, local colleges, museums, National Trust properties, woodlands, open spaces, cinema/theatre, fitness centres and City walks.

**For off-site activities that may be potentially more hazardous (ice-skating, climbing wall, farm visits, outdoor activity centres etc) there will be a separate form (High Risk Offsite Opportunities Consent Form) for parental permission.**

These visits are organised by staff and have a curriculum link and therefore it is important that students take part.

For some visits, perhaps those of a recreational nature, a place is earned by the student and is not an automatic right. This is based on attendance, punctuality, good behaviour in school and a student health and safety risk assessment. Students will not be included if they are considered to be a risk to themselves or others whilst offsite.

Please sign the form below to cover all such journeys from the school as necessary during the school day. Further forms and information will be sent for other educational visits as they occur.

### **The following notes are issued by the Trust for parental carer guidance:**

1. Pupils are not insured by the Trust against personal accidents. Personal Accident Insurance can be arranged for students taking part in education and youth visits and the staff will give advice about a policy which is designed specifically for such parties. The policy covers personal accident, loss of personal effects, medical expenses and the cost to parents/carers of visiting anyone who may be detained in hospital away from home.
2. The Trust accepts no responsibility for accidents or injury to students or for the loss or damage of personal effects, unless the cause is the negligence of the Trust or any member of its staff.
3. Parents/carers should give staff a telephone number at which they can be contacted in case of an emergency, should urgent medical treatment be necessary. Parents/carers who are willing to allow urgent medical or dental treatment to be given to their children when necessary, must sign the form below.
4. Whilst staff transport students in their own vehicles, due to prohibitive cost of public transport, students travel at their own risk, and only if their behaviour is always satisfactory, as misbehaviour may be dangerous.

I agree that my child may take part in the educational provision provided by alternative education providers in partnership with Newbridge School. I agree my child may also be transported to and from Newbridge School via the school minibus, staff private vehicles, Worcester County Council transport and all public transport when accompanied by a member of Newbridge School staff.

I agree that medical and dental treatment may be given to my child if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendation of a qualified medical practitioner.



Parent carer signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_



## **HIGH RISK OFFSITE EDUCATIONAL OPPORTUNITIES**

As part of our curriculum and to help develop individual student potential we offer students a range of offsite educational provision on a regular basis to enhance their curriculum, build on confidence, self-esteem and teamwork. However, some of these off-site activities may be potentially more hazardous than others. For example: ice-skating, climbing wall, farm visits, outdoor activity centres, water-based activities, working with animals/horse riding, cycling, boxing, mechanics/carpentry/bricklaying.

Each activity is fully risk assessed, as are the students participating in line with our Educational Off-site Visits Policy.

### **The following notes are issued by the Trust for parent carer guidance:**

1. Students are not insured by the Trust against personal accidents that may result from participating in one of the above activities. Personal Accident Insurance can be arranged for students taking part in education and visits and the staff will give advice about a policy which is designed specifically for such parties. The policy covers personal accident, loss of personal effects, medical expenses and the cost to parents/carers of visiting anyone who may be detailed in hospital away from home.
2. The Trust accepts no responsibility for accidents or injury to students or for the loss or damage of personal effects, unless the cause is the negligence of the Trust or any member of its staff.
3. Students must follow the Health & Safety procedures/rules of conduct/ etc. for each individual setting and must wear the appropriate protective clothing/footwear and headwear.
4. Parents/carers must give staff a working home/mobile telephone number at which they can be contacted in case of an emergency, should urgent medical treatment be necessary. Parents/carers who are willing to allow urgent medical or dental treatment to be given to their children when necessary, must sign the form below.
5. Whilst staff transport students in their own vehicles, students travel at their own risk, and only if their behaviour is always satisfactory, as misbehaviour may be dangerous to the driver. However, only staff who have Business Insurance can transport students. Where possible Newbridge minibus transport will be used.

I agree that my child can participate in a wide range of educational off-site visits. I agree my child may also be transported to and from Newbridge School via the school minibus, staff private vehicles, Worcester County Council transport and all public transport when accompanied by a member of Newbridge School staff.

I fully understand that some of these off-site activities may be potentially more hazardous than others (ice-skating, climbing, farm visits, outdoor activity centres, water-based activities, working with animals/horse riding, cycling, and mechanics/carpentry/bricklaying).

My child is fully aware of the risks involved and I fully understand that if they follow instruction and guidance the risk of injury is considerably reduced.



I agree that medical and dental treatment may be given to my child if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendation of a qualified medical practitioner.

Alternative Emergency contact name & number:

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Parent carer signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_



## **POSITIVE HANDLING AGREEMENT GUIDANCE FOR PARENTS AND CARERS**

This is an area which parents and carers are understandably often concerned about. It is also something which misunderstandings and myths can be built upon. Thankfully physical restraints are a rare occurrence at Newbridge School, but we do understand that this is something about which you may well want some reassurance. Like everything else at Newbridge School, we try to keep things simple, so we have outlined a summary of the Newbridge School policy below.

The Law (1996 Education Act) allows the use of reasonable physical force in relation to students and links this to safety. Where the behaviour of a student is threatening their own safety, that of others or could cause significant damage to equipment or property, it may be appropriate for staff to intervene physically.

The law also allows for physical interventions to be used where a student's behaviour is threatening the '*good order of the school*' and indicates that this can take place anywhere a teacher oversees a group of students (i.e. including off school premises).

It is important that you also understand that in most cases a range of strategies will have been tried before the need for a physical intervention has arisen. You may also be reassured to know that all staff at Newbridge School are trained in a wide range of non-aversive techniques for supporting students physically.

These interventions follow a gradient system where the minimal amount of support to help a student regain self-control is used for the minimum amount of time. Wherever possible situations will be talked through, and students will be given clear guidance about their behaviour and the likely consequences of it. This is, of course, dependent on the student being in a receptive state of mind.

If a student needs physical support this must happen in such a way as to allow the individual to feel secure as this helps reduce anxiety. The support must be done in such a way that it cannot be interpreted as aggression, but for everyone's safety. The support will be reasonable, proportionate and in the best interest of the student.

**Team-Teach techniques seek to avoid injury to the individual, but it is possible that bruising or scratching may occur accidentally and can be an infrequent side effect of ensuring that the individual remains safe.**

1. There are no circumstances in which appropriate physical intervention can reasonably include slapping or hitting a student or striking them in any other way.
2. It is an accepted fact that students will often 'play up' to an audience because of this we do one of two things; remove the student from the audience or remove the audience from the student. This act also reduces the possibility of students feeling humiliated or embarrassed in front of their peers.
3. Students will not be alone in a closed room with one staff member whilst physical intervention is in progress. Either the door will be left wide open or other staff will attend the situation. This minimises risks to all concerned.
4. Whilst all members of staff have the right to defend themselves there is a clear expectation that they will adopt the principles outlined above.



5. Incidents involving physical intervention will always be recorded and, as the parent or carer of the student concerned. You will of course be kept informed.

We hope the above will go some way towards answering any questions or concerns you may have about physical interventions, but please do not hesitate to ask should you want to discuss the matter further.

We ask that you sign below to indicate that you have read and understood our policy on physical support for the young people in Newbridge School.

Parent carer signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_



## ATTENDANCE

We are asking for your support in improving and sustaining whole school attendance and punctuality.

During the COVID pandemic it was necessary for students and families to isolate if they or a close contact tested positive. That is not now the case, and it is essential that we continue to build back up on our previous positive attendance rates.

The impact upon children's education through lost learning is huge. At a time when so much education has been disrupted it is vital that we make every school minute count.

I urge you to ensure that your child is in school and on time every day they are timetabled to attend to prevent anyone falling behind with their learning.

The Government Department for Education track school attendance figures. It is considered that attendance of 90% or below is **persistent absence** which will be closely monitored by school staff. Failing to improve on this 90% can lead to prosecution, which school want to help families avoid.

There are things you can do to improve your child's attendance and avoid falling into the persistent absence category:

- If your child is unwell and you are unsure whether to send them to school, contact the office to seek advice on 01905 763580
- Avoid taking any holidays during term times
- Keep up to date with what % attendance your child has so that you know if they are at risk of persistent absence (please find enclosed your child's current attendance certificate)
- Speak to school staff with any concerns
- Talk to your child about the importance of them being in school and let them know how important you feel it is

As a school we will support you and your child through:

- Monitoring absences in accordance with our attendance policy
- Support you and your child in increasing their attendance through conversations, meetings and home visits where appropriate if their attendance falls below 90%
- Rewarding those students whose attendance is above 90%

**The table below provides an example of the impact of lost learning through pupil absence:**

| Attendance % over a school year | Equal to number of days absent | Converted to approximate weeks of absence | Approximate number of lessons missed | School Concern Level                         |
|---------------------------------|--------------------------------|---|--------------------------------------|--|
| 95%                             | 9.5                            | 2   | 47.5                                 | Pupil can catch up and still succeed         |
| 90%                             | 19                             | 4   | 95                                   | Poor attendance -we are concerned            |
| 80%                             | 38                             | 8   | 190                                  | Very poor attendance – we are very concerned |
| 70%                             | 57                             | 12  | 285                                  | Serious concerns                             |

A child who has an absence % of 80% has missed 38 days of school and has missed 190 lessons.

Punctuality is also highly important. Students who arrive late to school are not only losing learning but also disrupting the learning of others as they arrive late for lessons. Students do not like being late into school and we witness how upsetting it can be for them. We want to prevent this.

**The table below provides an example of the impact of lost learning through pupil lateness.**

| Number of minutes late <i>per day</i> over a school year | Approximate equivalent number of days lost learning |
|--|---|
| 5  | 3   |
| 10   | 6.5   |
| 15   | 10  |
| 20   | 13  |

We want to help families get their child to school on time. Here are some things you can try:

- Have everything you/your child needs for school prepared the night before
- Ensure that your child goes to bed reasonably, so they are not too tired to get up in the morning
- Ensure your child has a good night's sleep by minimising their use of devices at bedtime.
- Have a consistent bedtime routine for your child
- Set an alarm to allow plenty of time for your morning routine in getting to school on time

How the school monitors attendance and how we register students can be found in our attendance policy on our website or a copy can be requested from the school office.



I confirm that I have received, read and understood a copy of the Attendance Policy.

Name of Pupil: .....

Signature of Pupil: .....

Date: .....

Name of Parent: .....

Signature of Parent: .....

Date: .....



## Medication Storage Form

|   |     |    |
|---|-----|----|
| Pupil Name:   |     |    |
| Form Group:   |     |    |
| Name of Medication:   |     |    |
| Date Prescribed:  |     |    |
| Quantity of Medication given into school:                               |     |    |
| Strength of Medication:   |     |    |
| Expiry Date:  |     |    |
| Batch Number:   |     |    |
| Reason for Taking:  |     |    |
| Dates/times Medication is to be taken:                                  |     |    |
| Dosage:   |     |    |
| Name of Person who brought the medication into school / relationship to |     |    |
| Date brought into school:   |     |    |
| Can medication be administered without parental permission each time?   | Yes | No |
| Signature of Parent/Carer:  |     |    |
| Notes:  |     |    |



### Additional Planning for a Pupil with Asthma

|                |  |
|----------------|--|
| Pupil Name:    |  |
| Form Group:    |  |
| Date of Birth: |  |

#### In the event of a severe attack of Asthma

|   |
|---|
| Typical symptoms for this pupil (completed by Parent/Carer) |
|   |

|   |  |
|---|--|
| Medication required and treatment procedure |  |
|   |  |
| Quantity needed:                            |  |

|   |
|---|
| Usual response to medication (include approximate response times) |
|   |

|   |
|---|
| Procedure in case of failure to respond to medication |
|   |

.....  
Signature of Parent / Carer

.....  
Date



### Permission to Administer Medication in School

|   |  |
|---|--|
| Pupil Name:   |  |
| Form Group:   |  |
| Name of Medication:   |  |
| Quantity of Medication given into school:   |  |
| Strength of Medication:   |  |
| Expiry Date:  |  |
| Reason for Taking:  |  |
| Dates/times Medication is to be taken:  |  |
| Dosage:   |  |
| Is the Medication to be taken home with the student each day or stored in school? |  |

.....  
Signature of Parent / Carer

.....  
Date



## Consent to Access Therapy Services

|                        |                       |
|------------------------|-----------------------|
| <b>Child's Name:</b>   | <b>Date of Birth:</b> |
| <b>Name of School:</b> |                       |
| <b>Parent Name:</b>    | <b>Parent email:</b>  |



By signing this consent form on behalf of the child named above, you confirm that you have parental responsibility for the child for the purposes of the data protection legislation.



To comply with current UK Data Protection law, we must tell you how we use this data and ask for your permission. By signing this form, you provide consent on behalf of the child for us to process the child's data for the purposes stated below.

### Read through the information carefully you are consenting to each of the following items



I voluntarily consent for my child to access services through Mable Therapy, including assessment and/or treatment by a licensed, certified Speech and Language Therapist or Counsellor.



I understand that Mable Therapy may share relevant information about my child between professionals as appropriate. This might include sending copies of assessment reports, for example, to the GP or NHS therapist.



I permit my child's therapist to take notes in sessions. I understand that my child's therapist will store this information securely on the Mable Therapy software system.



I permit my child's Mable Therapist to contact other professionals involved with my child's care to request access to necessary information.

Signed ( Signature) \_\_\_\_\_

Today's date \_\_\_\_\_



## Consent to Access Therapy Services 13+

**mable**

|                        |                          |
|------------------------|--------------------------|
| <b>Your Name:</b>      | <b>Date of Birth:</b>    |
| <b>Name of School:</b> |                          |
| <b>Your email</b>      | <b>Your phone number</b> |



To provide you with therapy services, we may need to record and process details of your case, which may include personal and/or sensitive data.



To comply with current UK Data Protection law, we must tell you how we use this data and ask for your permission. By signing this form, you provide consent for us to process your data for the purposes stated below.

### Read through the information carefully you are consenting to each of the following items

- I voluntarily consent to access services through Mable Therapy, including assessment and/or treatment by a licensed, certified Speech and Language Therapist or Counsellor.
- I understand that my therapist may share relevant information about me with other related professionals. This might include sending copies of assessment reports, for example, to the GP or my NHS therapist.
- I give permission for my therapists to take notes in my sessions. I understand my therapist will store these notes securely on the Mable Therapy software system.
- I give permission for my Mable Therapist to contact other professionals involved with my care and request access to necessary information.

Signed ( Signature) \_\_\_\_\_

Today's date \_\_\_\_\_



## GENERAL FITNESS WAIVER AND RELEASE OF LIABILITY

Newbridge – Inspiring Change

### Participant Information

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name & Number:

\_\_\_\_\_

### Waiver and Release of Liability

#### Express Assumption of Risk

I, the undersigned, am aware that there are inherent risks associated with participating in general fitness training activities.

These activities may include, but are not limited to:

- Cardiovascular exercises,
- Resistance and weight training,
- Flexibility training,
- Functional movement drills
- 

Risks include, but are not limited to:

- Falls that may result in injury or death
- Injuries from misuse or failure of equipment
- Strains, sprains, or other musculoskeletal injuries
- Accidents due to my own negligence or that of other participants
- 

I understand and acknowledge that these risks may result in serious injury or death to myself or others. I voluntarily assume full responsibility for these risks and any resulting consequences during my participation in any training sessions, classes, or programs offered by Newbridge School or conducted under their guidance.

I also affirm that I have no medical conditions, impairments, or physical limitations that would prevent or restrict my participation in general fitness activities.



**Release of Liability**

In consideration of being allowed to participate in fitness programs offered by Newbridge School, I hereby release and discharge Newbridge School, its staff, agents, volunteers, and representatives from any and all claims or causes of action, present or future, arising out of my participation. This release applies even if such claims result from negligence, acts, or omissions by the parties being released.

This agreement will be binding upon me and my heirs, representatives, successors, and assigns. If any part of this agreement is found to be invalid, the remainder shall remain in full effect.

**Parental Consent (if under 18)**

If signing on behalf of a minor, I grant full permission for emergency medical treatment deemed necessary and consent to transportation to an appropriate medical facility if required for the wellbeing of the child.

**Indemnification**

I understand that I am responsible for my own conduct and actions while participating in fitness activities. I agree to indemnify and hold harmless Newbridge School, its employees, volunteers, and affiliates against any and all claims, liabilities, damages, and expenses, including attorney’s fees, arising out of my negligent or intentional actions.

This indemnity includes participation at Newbridge School, off-site locations such as parks, recreational areas, and any other site designated for training.

**Agreement**

I have read and fully understand this waiver and release of liability and agree to its terms. I understand that by signing this document, I am giving up legal rights to sue or claim compensation.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## PAR-Q: Physical Activity Readiness Questionnaire

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The PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and completing this questionnaire is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

Please read the questions carefully and answer each one honestly: check YES or NO.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

YES  NO

2. Do you feel pain in your chest when you do physical activity?

YES  NO

3. In the past month, have you had chest pain when you were not doing physical activity?

YES  NO

4. Do you lose your balance because of dizziness, or do you ever lose consciousness?

YES  NO

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

YES  NO

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

YES  NO

7. Do you know of any other reason why you should not do physical activity?

YES  NO

If you answered YES to one or more questions: Talk with your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have a fitness appraisal.

If you answered NO to all questions: You can be reasonably sure that you can start becoming more physically active – begin slowly and build up gradually.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## Consent Form for WCC Specialist Teaching Service (Learning Support and Complex Communication Needs Teams) Under 16 Consent



Worcestershire County Council (WCC) Specialist Teaching Service (STS) has been asked by the setting/school you attend to become involved to help with the planning of support for certain concerns and needs. We therefore want to be sure that you understand who we are, what we do, and that your consent is freely given.

The school or setting will have talked to you about WCC Specialist Teaching Service. We are part of Worcestershire County Council SEND 0-25 Service. We are all qualified teachers or specialist practitioners. All of our teachers have Qualified Teacher Status. Our main aim is to support the social, emotional and educational development of children and young people. We help support students, families, schools and other settings to identify solutions alongside other professionals (including health) who may also be involved. Our work involves consultation meetings, training, assessments, observations and planning interventions. The work could involve direct work with you, your family, or a group you might be part of.

We will always share the outcomes of our involvement with you, sometimes via your child’s setting.

As part of our work we keep electronic records, which are held securely and confidentially. These records contain personal information, such as name, and date of birth, plus the details of our work with you. Since we work alongside other professionals who may also be involved, we would want and may also exchange information with these other practitioners. Please note that any, personal data collected will be stored and managed in line with WCC’s commitment to the General Data Protection Regulations. Please visit Privacy Statement.

**If you are happy for us to work with your child, please complete and sign section 2 of this form. The school/setting will give you a copy of the form and send the original to us.**

### 1. Child/Young Person’s Details *setting to complete*

|                                   |                    |
|-----------------------------------|--------------------|
| <b>Name</b> <i>(please print)</i> | <b>DOB</b>         |
| <b>Setting/School:</b>            | <b>Year Group:</b> |

### 2. Young Person’s Details

*Separate consent to be completed by the young person if they are 16 years of age or older.*

- **I give consent for Specialist Teacher/Specialist Practitioner to become involved. I understand this may involve consultation with staff in the educational setting and other professionals who are involved. I understand that they may also engage in assessment with myself and where required complete observations.**
- **I understand there may be times when information will be shared with other services, including health agencies, who are involved with my child.**



|   |
|---|
| <ul style="list-style-type: none"> <li>• I understand an electronic file will be opened for my child and that information will be stored securely.</li> <li>• I can discuss the purpose and continuation of my consent at any time with the Specialist Teacher/Specialist Practitioner</li> </ul> |
| <b>Name</b>   |
| <b>Signature</b>  |
| Additional Comments regarding consent and sharing information – <i>When our involvement begins we will secure other important information you want to share.</i>  |

|   |
|---|
| <b>3. <u>School / Setting Staff Details</u></b>   |
| <b>Name:</b>  |
| <b>Designation (e.g. Teacher, SENCo):</b>   |
| <b>Date:</b>  |
| <p>The role and purpose of Specialist Teaching Service involvement has been discussed with the young person - <i>please circle</i></p> <p style="text-align: center;">YES</p> <p style="text-align: center;">NO</p> |
| <b>Primary area of concern (including which team the referral has been made to):</b>  |
| <b>Signature:</b>   |
| <b>Phone and email contact information:</b>   |

The information on this form will be recorded on a database along with any details relevant to subsequent Specialist Teacher/Specialist Practitioner involvement. These records will be held and used in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2018. We are compliant with WCC's Privacy Notice <http://www.worcestershire.gov.uk/privacy>. This information is being collected for the purpose of determining the educational needs of the named child or young person. It may also be shared with other professionals actively involved with the names child or young person, to inform their work. The information collected may also be used for the wider purpose of providing anonymous statistical data used to assist with monitoring provision and/or determining areas of need in order to target future resources.