

SECTION 1)

'EXPLORERS' Application Form



Time of Session: 4:00pm - 5:00pm * Your child must be dropped off and collected from The

County High School, Leftwich

Dates: Tuesdays 24th September- 22nd October 2024

Venue: The County High School, Leftwich

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

Your Child's Personal Details:

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

Your Child's Surname :		<u> </u>											
DATE OF BIRTH:				ADDR	ESS:								
The Name of Your Child's Primary School:													
The Halle of Tour Clind of Filling y Genoon													
(SECTION 2) PAREN	IT/CARER D)oto:I											
Your Name : (Please print below			S:										
HOME TEL #:													
MOBILE TEL #:													
OTHER CONTACT#:													
EMAIL#:													
Please give alternative contact	ct name/s a	nd nun	nber/s fo	r use ir	an er	nerge	ncy:						
1) NAME: TELEPHONE #:													
2) NAME: TELEPHONE #:													
(SECTION 3) Your Child	l's Medical I	Details											
Name of GP:	. S MEGICAL	octans:		s of Do	ctor's S	Surgery	/ :						
Surgery Telephone Number:													
(SECTION 4) Your Child's	Personal	Medic	al detaile	· (Dia	366 !	ISA 2"	1 2dd	ition	al cho	et if	reaui.	ed)	
a) Does your son/daughter ha	ve any condit									<u> </u>	cquii	<u>cu</u> j	
(If YES please give full details) YES / NO	•												
b) Does your son/daughter have any food or other allergies and do they have any special dietary requirements? (If YES please give full details)													
YES / NO													
c) Has your son/daughter had any recent illness or accident we need to be aware of (If YES please give full details)													
YES / NO d) Is your son/daughter allergi	ic to any med	dication?	(If YES p	ease gi	ve full	details)						
			•	-								VEC	/ NO
•												ILS	/ NO

The COUNTY HIGH SCHOOL, Leftwich



`EXPLORERS' Application Form



DECLARATION: I agree to my son/daughter receiving medication as instructed and any emergency dental, medical of surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.							
*Signature of Parent/Carer:							
(SECTION 5) Use of your Son/Daughter's image during class projects:							
Some 'Explorers' projects involve taking photographs and video footage of the children in groups, which they will take home on DVD. However, no individual identifying information will be included. Please tick the appropriate box:							
YES I give permission for my child's image to be used in the 'Explorers' projects.							
NO I do not give permission for my child's image to be used in the 'Explorers' projects.							
(CECTION C) Have Come Com (Develop Assistance)							
(SECTION 6) Use of your Son/Daughter's image:							
Publicity: The CHSL may take photographs and video footage of each 'Explorers' session which may be used for promotional materials either in the local newspaper or within the school internal network, website and on DVD/CD, or memory stick. However, no individual identifying information will be included. Please tick the appropriate box:							
YES I give permission for images of my child to be used by CHSL for the purpose of promoting 'Explorers' activities. NO I do not give permission for images of my child to be used for the purpose of promoting 'Explorers' activities.							
(SECTION 7) Permission of Parent/Carer:							
I give permission for my child to attend the above named CHSL'Explorers' sessions and to participate in all activities mentioned in the programme description. I agree to take responsibility for collecting my child from the above named 'Explorers' Programme. *Signature of Parent/Carer: Date://2024							
Please return completed form to: The County High School, Leftwich Granville Road Northwich, Cheshire CW9 8EZ							

General Data Protection Regulation 2018

The data collected on this form will only be used for the purpose of administration within the Academy and will not be disclosed to any external sources. Both electronic and paper records will be deleted/shredded when the 'Explorers' sessions are completed.

For further information on how we use data, please see www.leftwichhigh.com

FOR YOUR INFORMATION: Pupils taking part in 'Explorers' will be covered by The County High School, Leftwich Insurance Policy.