

**Q3 Academy Great Barr
Data Collection Form**

To be completed in full by an adult with legal responsibility for the child.

Legal Surname: _____
Legal Forename(s): _____
Date of Birth: _____
Gender: _____
Address: _____

Previous school/academy: _____

The Academy require details of all persons with parental responsibility, and anyone else who may be contacted in the event of an emergency. Contact will usually be made in the order of priority as completed below. The Priority 1 e-mail address will be used for access to the ParentPortal and for notifications such as student absences and event reminders. Please ensure a voicemail facility is available on all telephone numbers submitted.

Priority 1	
Full name of contact:	_____
Relationship to student:	_____
Address:	_____

Home telephone number:	_____
Mobile telephone number:	_____
E-mail address:	_____
Priority 2	
Full name of contact:	_____
Relationship to student:	_____
Address:	_____

Home telephone number:	_____
Mobile telephone number:	_____
E-mail address:	_____
Priority 3	
Full name of contact:	_____
Relationship to student:	_____
Telephone number:	_____
Priority 4	
Full name of contact:	_____
Relationship to student:	_____
Telephone number:	_____

Doctor's Name: _____
Surgery Address: _____
Surgery Telephone Number: _____
Medical Card Number: _____

Medical/health conditions that the Academy should be aware of:

Details of any Special Educational Needs/EHCP (Educational Health Care Plan):

(Please ensure that you speak with our SENCo, Miss Chamberlain.)

Student's ethnicity (as declared by parent/carer completing the form):

- White
 English
 Irish
 Traveller of Irish heritage
 Gypsy/Romany
 Other: _____

- Mixed
 White and Black Caribbean
 White and Black African
 White and Asian
 Other: _____

- Asian or Asian British
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Other: _____

- Black or Black British
 Caribbean
 African
 Other

 Not listed: _____
 I do not wish ethnicity to be recorded

Home language: _____
Other language(s) spoken at home: _____
Religion: _____

- Regular mode of transport to and from the Academy:
 Car/van
 Car share
 Walk
 Cycle (*it is your responsibility to ensure that your child wears a helmet for protection*)
 Public bus
 Taxi
 Other: _____

- Meal arrangements:
 Own packed lunch
 Purchasing food at the Academy
 In receipt of 'Free School Meals'

Please list any sibling(s) at Q3 Academy Great Barr:

- Student lives with (please tick all that apply):
 Mother
 Father
 Carer
 Stepmother
 Stepfather
 Other: _____

Please outline or comment on any other information that the Academy would benefit from knowing about your child below:

Request by the Academy to give Paracetamol

In the event that we are asked to administer paracetamol to assist with pain relief please provide consent for the Academy to do so. Please note that we will normally administer paracetamol following a head injury or when a student is taking other medication. You are consenting to paracetamol being administered for pain relief as per the recommended dosage for the age of your child, and understand that you must immediately inform the Academy in writing of any period when your child is taking other medication(s) and as such may not take paracetamol. You also accept that this is a service which the Academy is not obliged to undertake and may terminate without notice.

Do you consent to the Academy administering paracetamol as detailed overleaf?

Yes, I consent to my child being given paracetamol as needed.

No, I do not consent to my child being given paracetamol.

Video and Photographic Consent

Q3 Academy would like to use photographs/video images of your child. These can be used to demonstrate or promote activities relating to the Academy's curriculum and extracurricular provision. This includes the Academy's website, social media pages, magazines, and associated print and television appearances. Please detail consent provided below, we will assume no consent given where a box remains unticked.

Internal use	Photo/image in internal magazines or brochures	Photo/image on internal display boards	Video Footage on internal Television screens
Student Image			
Student Name			

External use	Photo/image in external newspaper, magazines or brochures	Video footage on external television programmes	Photo/Image in articles including: Academy FoQus magazine/social media	Video Footage on Q3 Academy website/social media
Student Image				
Student Name				

Please note that the Internet/Academy website can be viewed throughout the world and any personal information shared on here will go beyond the U.K. and the European Area. No student may post images, video footage, or content including Academy staff, students, and images of the Academy, or use the Academy name on any website without prior written consent from the Head of School and the persons involved.

Immunisation Information

Please identify which of the following immunisations your child has received and date as appropriate (from your child's red book):

Date Received	Usual age due	Immunisation
	2 months	1st Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C
	3 months	2nd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C
	4 months	3rd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C
	12-18 months	Measles, Mumps, Rubella (1st MMR) (2nd MMR – usually at 3-5 years)
	3-5 years	Diphtheria, Tetanus, Whooping Cough, Polio Booster
	10-14 years	BCG (only for children with identified risk factors)
	14 years	Tetanus, Polio and Diphtheria Booster

