

Doctor/Health Centre Details	
Name of Doctor's Surgery/Health Centre:	
Address:	
Post Code:	
Telephone No:	

ADDITIONAL INFORMATION							
Dietary Needs (please tick where appropriate):							
1. Academy Meal	<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>	No Dairy Produce	<input type="checkbox"/>	No Wheat	<input type="checkbox"/>
2. Packed Lunch	<input type="checkbox"/>	Observes Ramadam	<input type="checkbox"/>	Halal (No Pork)	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>
3. Free School Meal	<input type="checkbox"/>	Sikh/Hindu diet (No Beef)	<input type="checkbox"/>	Kosher	<input type="checkbox"/>	Artificial Colouring Allergy	<input type="checkbox"/>
	<input type="checkbox"/>	No Nuts of any type	<input type="checkbox"/>	Seafood Allergy	<input type="checkbox"/>		<input type="checkbox"/>
Other, please specify:							

Academy Trips & Visits
<p>I give permission for my child to attend Type I visits as defined in the Academy's Health & Safety of Students on Education Visits Policy (available via the Academy website). I understand that some trips and visits may return and/or depart outside the normal Academy day. Details of this will be provided on an information letter and no further consent will be required.</p> <p>There are two categories of Type I visit:-</p> <ul style="list-style-type: none"> ▪ R: regular, routine off-site activities (e.g. the use of off-site facilities for PE) ▪ S: specific, one-off or occasional visits (e.g. museum visits, field study visits)

Medication
<p>I give permission for my child to self-medicate, if required, on off-site activities and understand that although supervision will be provided by the Academy in accordance with the Academy's Health and Safety of Students on Education Visits Policy, a trained first aider will not necessarily be present.</p>

Emergency Medical Consent
<p>I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of any insurance cover provided.</p>

Home in Emergency	
<p>Rarely and only in the case of an emergency it may be necessary for us to close The Academy early. I give permission for my child to be sent home in these circumstances, without informing parents first.</p>	<p>Agree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p>

Safeguarding
<p>The Langley Academy takes the safeguarding of its students very seriously. It is the responsibility of the legal parent/carer to inform the Academy in writing of any issues that may compromise the safety of students i.e. Sole Contact.</p>

Parent/Carer Signature
<p>I understand that The Langley Academy will refer to the information provided on this form for activities both on and off-site. I also confirm that I will inform the Academy of any changes to this information immediately, so the safety of my child is not compromised.</p> <p>Signed: _____ (Parent/Carer)</p> <p>Print Name: _____</p> <p>Date: _____</p> <p>Email Address: _____</p>

Official use only	Date	Initials
Date form received in Admin Office		
Date form entered on SIMS		