INTERNATIONAL COMMUNITY SCHOOL LONDON

Appendix 1: Parental Absence and Alternative Care Arrangements Form

To be completed by parents/carers when alternative care arrangements are required during a period of parental absence.

Purpose of this form

This form should be completed by parents/carers when they will be absent from home and alternative care arrangements have been made for their child/children. Parents/carers should notify the School as soon as reasonably practicable and, wherever possible, at least one week before the planned absence. Where an absence arises unexpectedly, the School should be notified as soon as possible. The information provided will be used to support the safety, welfare and safeguarding of the child/children during the period of parental absence.

1. Children's Information

Child's full name	Date of birth	Year/Class	School

2. Parent/Carer Information

Parent/Carer 1

Full name:

_____

Relationship to child/children:

_____

Usual home address:

_____

Mobile telephone:

_____

Email address:

_____

International contact number while away:

_____

Destination/country while away:

_____

Time zone (if different from UK):

_____

Parent/Carer 2

Full name:

_____

Relationship to child/children:

_____

Usual home address:

_____

Mobile telephone:

_____

Email address:

_____

International contact number while away:

_____

Destination/country while away:

_____

Time zone (if different from UK):

_____

3. Period of Parental Absence

Date and time parents/carers will leave:

_____

Expected date and time of return:

_____

Destination(s):

_____

Will both parents/carers be absent during this period?

☐ Yes ☐ No

If no, please provide details of the parent/carer who will remain responsible for the child/children:

_____

4. Primary Nominated Guardian / Care Provider

For the purposes of this policy, a nominated guardian/care provider is the responsible adult nominated by the parent(s) to provide or oversee the child's care during the parent's absence. The nomination of a guardian for the purposes of this policy does not, by itself, confer parental responsibility or any other legal status on that person.

Full name:

_____

Relationship to child/children and family:

_____

Address:

_____

Mobile telephone:

_____

Alternative telephone number:

_____

Email address:

_____

Will the child/children stay at the guardian's address?

☐ Yes ☐ No

If no, please provide details of where the child/children will stay:

_____

_____

Dates the guardian will be responsible for the child/children (From / To):

_____

5. Backup / Emergency Guardian

Please provide details of a second responsible adult who can take over the care of the child/children if the nominated guardian is unexpectedly unable to provide care.

Full name:

_____

Relationship to child/children and family:

_____

Address:

_____

Mobile telephone:

_____

Alternative telephone number:

_____

Email address:

_____

When would the backup guardian take responsibility?

_____

Has the backup guardian agreed to these arrangements?

☐ Yes ☐ No

6. Care and Supervision Arrangements

Where will the child/children stay?

_____

Who will provide day-to-day care?

_____

Who will supervise the child/children outside school hours?

_____

Are there any periods when the child/children may be without adult supervision?

☐ No ☐ Yes

If yes, please provide details:

_____

_____

Please provide any other information about the care arrangements that the School should be aware of:

_____

_____

7. School Arrangements

How will the child/children travel to and from School?

_____

Who is authorised to collect the child/children from School?

_____

Name(s):

_____

Relationship to child/children:

_____

Contact number(s):

_____

If the School is unable to contact the parent/carer, the School should first contact:

☐ Primary guardian/care provider ☐ Backup/emergency guardian ☐ Other person

If other person, please specify:

_____

8. Medical and Additional Needs

Does the child/children have any medical conditions, allergies, medication or additional needs that the guardian needs to be aware of?

☐ No ☐ Yes

If yes, please provide details or confirm that the School's existing medical records are up to date:

_____

_____

Are there any other health, wellbeing, educational or safeguarding matters that the School should be aware of during the parent's absence?

☐ No ☐ Yes

If yes, please provide details:

_____

_____

9. Emergency Arrangements

Step 1 — Contact:

_____

Step 2 — Contact backup guardian:

_____

Step 3 — Contact parent/carer:

_____

Step 4 — Contact School, where appropriate:

_____

Any additional emergency arrangements:

_____

_____

10. Parent/Carer Confirmation

☐ I/we have provided accurate and up-to-date information about the arrangements for the care and supervision of my/our child/children during my/our absence.

☐ I/we have informed the nominated guardian/care provider of the arrangements and they have agreed to provide or oversee the child's care.

☐ I/we have provided a backup/emergency care arrangement should the nominated guardian be unable to provide care.

☐ I/we have provided the School with accurate contact information and will remain contactable where reasonably practicable during the period of absence.

☐ I/we have informed the School of any relevant medical, additional or welfare needs.

☐ I/we will notify the School as soon as reasonably practicable if any of the arrangements described in this form change.

☐ I/we understand that the School may contact the nominated guardian, backup guardian or other relevant person if necessary to safeguard or support the child/children.

☐ I/we understand that where the School has safeguarding concerns, it will follow its Safeguarding and Child Protection Policy and may seek advice from or make a referral to relevant external agencies where appropriate.

Parent/Carer 1

Name:

_____

Signature:

_____

Date:

_____

Parent/Carer 2

Name:

_____

Signature:

_____

Date:

_____

11. Guardian/Carer Confirmation

I confirm that I have been informed of the above arrangements and agree to provide or oversee the care of the child/children for the period specified. I understand that I should notify the parent(s) and the School as

soon as reasonably practicable if I am unable to continue providing care or if the agreed arrangements change.

Guardian/Care Provider name:

_____

Signature:

_____

Date:

_____

12. School Use Only

Date form received:

_____

Received by:

_____

Arrangements reviewed by:

_____

Date reviewed:

_____

Further information required?

☐ No ☐ Yes

Details/action required:

_____

_____

Safeguarding concerns identified?

☐ No ☐ Yes — refer to Safeguarding and Child Protection procedures

DSL/Deputy DSL notified, where applicable — Name:

_____

Date:

_____

Additional comments:

_____

_____

_____

ICS London Contact Details

Primary School — Wyndham Place	Secondary School — Star Street
Telephone: 020 7298 8827 Email: primary@icslondon.co.uk	Telephone: 020 7402 9273 Email: secondary@icslondon.co.uk

Please submit the completed form to the relevant School office or designated School contact.

Confidentiality and Information Sharing

Information provided under this form will be handled securely and in accordance with the School's data protection and privacy policies. Information will be shared only with those who need it for safeguarding, welfare, educational or emergency purposes, or where disclosure is otherwise required or permitted by law. Where safeguarding concerns arise, the School may share relevant information with appropriate external agencies in accordance with its safeguarding procedures and applicable legal requirements.