

Contact Details 2013-14

PUPIL's Surname _____ Forename _____

Middle Names _____

Gender _____ MALE/FEMALE _____ Date of Birth _____

Ethnicity _____

Home Address _____

_____ Postcode _____

Home Telephone Number _____

Preferred Parental Name _____
(eg Mr and Mrs Smith, Mr Smith and Miss Jones)Parental email address _____
for correspondence**PARENT/GUARDIAN DETAILS—EMERGENCY CONTACT NUMBER 1**

Surname _____ Title (Mr/Mrs/Ms/Miss etc) _____

Forename _____ Relationship _____

Daytime phone _____ Mobile No. _____

Place of work _____

PARENT/GUARDIAN DETAILS—EMERGENCY CONTACT NUMBER 2

Surname _____ Title (Mr/Mrs/Ms/Miss etc) _____

Forename _____ Relationship _____

Daytime phone _____ Mobile No. _____

Place of work _____

SEPARATED PARENT DETAILS (if applicable)

Surname _____ Title (Mr/Mrs/Ms/Miss etc) _____

Forename _____ Relationship _____

Home Address _____

Postcode _____ Home Telephone Number _____

Mobile No. _____ Place of work _____

LOCAL EMERGENCY CONTACT—This is a person who would be contacted in a medical emergency if parents were not available.

Surname _____ Title (Mr/Mrs/Ms/Miss etc) _____

Forename _____ Relationship _____

Daytime phone _____ Mobile No. _____

MEDICAL INFORMATION

DOCTOR _____ Telephone No. _____

PRACTICE ADDRESS _____

Postcode _____

Does the pupil have any medical condition we should be aware of and do they take treatment for the condition that will be required to be kept in school (prescription medicines only)?

Is an inhaler used? - on a regular basis YES/NO - on an occasional basis YES/NO

If an inhaler is used, it should be kept in the First Aid Cupboard along with other medicines, for safety reasons.

- The school recommends that a spare inhaler is kept in the school First Aid Cupboard. Please send this into school with the child's name clearly labelled.

PHOTOGRAPH CONSENT

During the school year there may be occasions when the pupils will be photographed or filmed for media purposes that the school deems appropriate. Please indicate below if you allow your child to be photographed or filmed.

I GIVE/DO NOT GIVE permission for my child to be photographed/filmed and these to be used as the school sees appropriate :-

- | | |
|-------------------------------|--------|
| • Displayed within School | YES/NO |
| • Displayed on School website | YES/NO |
| • Press photograph/media | YES/NO |

SCHOOL TRIPS & SPORTS & ATHLETIC EVENTS

I GIVE/DO NOT GIVE permission for my child to attend any educational visits throughout the year. The school will inform you of all visits proposed.

MODE OF TRANSPORT

For our records could you please indicate how your child gets to school.

SCHOOL TRANSPORT PRIVATE CAR WALK BIKE

SIGNATURE OF PARENT/GUARDIAN _____

PRINT NAME _____

DATE _____