

EMERGENCY CONTACTS

Who will collect your child if they are unwell

Name Telephone

Name..... Telephone.....

MEDICAL INFORMATION

Doctor's Name

Telephone

Does your child suffer from any of the following? (Please tick)

Allergies Asthma Hay Fever Migraines Eczema

Does your child have problems with any of the following? (Please tick)

Sight Hearing Speech Physical Impairments

If you have ticked any of the above, or if you have any other medical information you think school should know, please comment below.

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Does your child suffer from learning difficulties? Yes No (Please tick)

Does your child have a statement of Special Needs? Yes No (Please tick)

Does your child have any special dietary requirements? Yes No (Please tick)

Details

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Fair processing notice: Data Protection Act 1998

School is required by the Date Protection Act to issue a "fair processing notice" to all families.

See Appendix A – Fair processing notice (copies available from the school office)

If you wish to access the personal data held about your child, please contact the school in writing.

Photographic Images

Do you consent to your child's photograph being taken? Yes No (Please tick)

Do you consent to your child's name being used with the photograph? Yes No (Please tick)

SignedParent/Guardian

Date

If any of the above details change, it is important that the school is informed immediately.