

**St. Andrew's CE Primary School**  
**PARENT DETAILS AND EMERGENCY CONTACT FORM**

Child's Name:
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Parent's Name (Nominated Person 1):	
Relationship to pupil	
Address	
Home phone number	
Mobile phone number	
Work phone number	
Email	

Parent's Name (Nominated Person 2):	
Relationship to pupil	
Address	
Home phone number	
Mobile phone number	
Work phone number	
Email	

Name of parent whom letters should be addressed to if parents are separated	
Do both parents have legal rights of access?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) <b>If no the school requires a copy of the court order</b>

<b>Communication</b> Please tick to give permission for the school to contact you via	
Phone	
Email	
Text message	

**Please complete both sides of this form**

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**Please write down the details for two emergency contacts.**

<b>Emergency Contact</b>	
I give consent for my child to be released to following person in the event of emergency or illness, if I cannot be contacted	
<b>Contact 1 Name</b>	
Relationship to pupil	
Home phone number	
Mobile phone number	
Work phone number	

<b>Emergency Contact</b>	
I give consent for my child to be released to following person in the event of emergency or illness, if I cannot be contacted	
<b>Contact 2 Name</b>	
Relationship to pupil	
Home phone number	
Mobile phone number	
Work phone number	

The information on this form will be used throughout your child's time at school. You may withdraw your consent at any time by contacting the school office.

Data is used in our school in accordance with our published privacy statement which is available on our website. The privacy statement explains what personal data we collect from you and how we use it.

<b>Parent Signature:</b>	<b>Date:</b>
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**St. Andrew's CE Primary School**  
**MEDICAL INFORMATION**

Child's Name:

**Medical Information**

Name of family doctor

Address

Phone number

**Medical Conditions** Please tick if your child has any of the following and provide any important details

Allergies	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	
Eczema	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	
Hearing difficulties	<input type="checkbox"/>	
Speech difficulties	<input type="checkbox"/>	
Wears glasses	<input type="checkbox"/>	
Any other condition	<input type="checkbox"/>	

**Medication** Details of medication to be held in school e.g. epipen, asthma inhaler.

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**St. Andrew's CE Primary School**  
**MEDICAL INFORMATION**

**Medical Consent** Please tick to give consent for the following

My child to be given first aid treatment by a trained member of school staff

My child's information to be shared with the NHS and other relevant health professionals

If my child should require emergency treatment and I cannot be contacted a member of school staff can sign on my behalf any medical forms

Plasters to be applied to my child

My child to use anti-bacterial hand gel

My child to be assisted in applying sunscreen if necessary

Staff to administer the medicines I have listed in the medication section of this form

**Food not eaten due to medical reasons** Please provide details below

**Food not eaten due to religious reasons** Please provide details below

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**Parent Signature:**

**Date:**