

BERRIEW C.P. SCHOOL
PUPIL INFORMATION RECORD SHEET FOR SEPT '15 – JULY '16

Pupil's Full Name: Date of Birth:

Parent/Guardians Names:

Address
Post Code

Home Tel No: Work Tel No:

Mobile Tel No's: E-mail address:

Doctors Name and Tel No:

Medical Information about your Child

Does your child have any past or current conditions, including food/allergies, that do/do not require medical treatment that we need to be aware of: **YES / NO**
If YES, please give brief details:

Does your child uses an asthma inhaler, please complete separate Asthma Form available from the office. This needs to be updated annually.

Is your son/daughter allergic to any medication: If YES, please specify: **YES / NO**

Our usual first aid procedure uses antiseptic wipes and plasters for grazes/cuts. Is your child allergic to either of these: If YES, please specify; **YES/NO**

When did your son/daughter last have a tetanus injection? :

Declaration:

I agree to my son/daughter receiving medication, 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 the insurance cover provided. I understand that it is my responsibility to inform the School of any changes of information, medical or otherwise, as soon as possible.

Signed: _____ Date: _____

Alternative Contact Telephone Numbers (in case of illness/school closure)

1.Name	Tel No:	Relationship:
2.Name:	Tel No:	Relationship:
3.Name:	Tel No:	Relationship:

Please complete details overleaf /.....

1. I give permission for my child to visit the local environment on foot. I understand they will be adequately supervised eg. Church, river, Silver Scenes.
2. I give permission for my child to attend Swimming Lessons at the Flash Leisure Centre (Years 1-6).
3. I give consent for my child to be photographed/filmed:
 - On school trips/project work/sports/displays in school etc
 - Newspaper publications (name and age only will be used)
 - To be used on the Internet (School web page etc)
 - To be used on School documentation e.g. Prospectus
 - During school concerts by staff or parents of the school
4. I give permission for my child to use the Internet and electronic mail services in the school for appropriate purposes
5. I wish my child (Class 1, Y1 and Y2) to receive school milk.
6. I give permission for my child to be transported in private cars.

YES	NO

TRANSPORTING CHILDREN

I declare that I hold a current driving license, an MOT (if applicable) and that my insurance cover is adequate for this purpose.

Signed: _____ Date: _____