

EMERGENCY INFORMATION FORM

(Statutory Required Information)



Child's Forename:		Date of Birth:	
Known as (if different from above):			
Child's Surname:		Middle Name:	
Home Address:			
		Post Code:	
Home Telephone Number:			
Previous School:		Religion:	Ethnicity:
Siblings names and date of birth:			
FAMILY INFORMATION			
MOTHER/CARER		Legal Parental Responsibility: Y/N	
Title: Mrs/Miss/Ms	Forename:	Surname:	
Home Address (if different from above):			
		Post Code:	
Home Tel No:	Mobile No:	Work No:	
Occupation:		Place of work:	
Email:			
FATHER/CARER		Legal Parental Responsibility: Y/N	
Forename:	Surname:		
Home Address (if different from above):			
		Post Code:	
Home Tel No:	Mobile No:	Work No:	
Occupation:		Place of work:	
Email:			

OTHER EMERGENCY CONTACTS (1)

Title: Mrs/Miss/Ms/Mr	Forename:	Surname:
Home Address:		
		Post Code:
Home Tel No:	Mobile No:	Work No:

OTHER EMERGENCY CONTACTS (2)

Title: Mrs/Miss/Ms/Mr	Forename:	Surname:
Home Address (if different from above):		
		Post Code:
Home Tel No:	Mobile No:	Work No:

SAFEGUARDING

Are there any issues that we need to be aware of in order to safeguard your child in school?
e.g. Adoption order, Care order, other Court Orders, contact issues, Educational Health Care Plan (EHCP), Personalised Education Plan (PEP), Adoption Support Plans, Child Protection Plan, Special arrangements for releasing your child at the end of the school day?
Please contact the school office on 020 86477496.

MEDICAL INFORMATION

Name of your child's Doctor:	
Doctor's Tel No:	
Doctor's Address:	
	Post Code:
Allergies (please give information as to the severity of allergies e.g. cannot be within 5 metres of walnuts etc.)	
Does the child carry an Epipen: Y/N	
Physical needs i.e. has physiotherapy, needs to stay in during cold weather (please provide medical evidence)	

Asthma: Y/N (please state whether your child uses an inhaler & type of inhaler used)		
Bladder/Bowel problems (please provide medical evidence)		
Cleft palate: Y/N (if Y please tick) <ul style="list-style-type: none"> • Has been successfully operated • Is awaiting operation 	Diabetes: Y/N (if Y please tick) <ul style="list-style-type: none"> • Has medication • Can manage own treatment 	Heart problem: Y/N (please provide detailed information)
Eyesight (please tick) <ul style="list-style-type: none"> • Always should wear glasses • Needs glasses for reading/close work • Needs glasses for watching TV/Whiteboard • Is colour blind 	Hearing difficulties (please tick) <ul style="list-style-type: none"> • Wears aid • Has grommets • Hearing fluctuates • Hearing loss in one ear (please specify which ear) 	Motor difficulties: Y/N (if Y please tick) <ul style="list-style-type: none"> • Has regular input from an Occupational therapist • Has regular input from a Physiotherapist • Has difficulties with gross motor skills (e.g. catching a ball) • Has difficulties with fine motor skills (e.g. handwriting)
Medication taken regularly at home (please specify):		
Other medical information:		
Dietary Needs:		

EQUAL OPPORTUNITIES MONITORING INFORMATION

Home Language (A first language other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community. If a child was exposed to more than one language, which may include English, during early development, the language other than English will be recorded, irrespective of the child's proficiency in English)

Do you consider your child to have a disability: Y/N

Please specify mode of travel to school i.e. car, walk, bus:

I give permission for my child to take part in any general local excursion considered part of the school curriculum, also for my children to travel by staff car in case of emergency: Y/N

Signature Parent/Carer:

Date:

Class:

CONSENT

The Information Commissioner's Office (ICO) recommends refreshing consent every 2 years; however we will ask you for your consent annually.

May we use your child's photograph in the newsletter which will also be published on our website?	
May we publish your child's full name in the newsletter/website?	
May we use your child's photograph for internal displays for e.g. wall mounted project display boards, school council member board, Rockstars board?	
May we use your child's photograph for promotional purposes for e.g. invites/letters regarding school events?	
May we use your child's photograph on the school website?	
May we record your child's image on video or webcam to be used for school/ Learning?	
Are you happy for your child's image to be shared with parents for e.g. Y6 leavers?	
Are you happy for your child to appear in the media?	
Can we include your child in a class photograph to be distributed to other parents for e.g. Professional class photograph for purchasing, Y6 production photographs, end of year class leaver books?	
May we share parent information with external clubs that your child is registered with including attendance lists, collection arrangements and contact numbers for e.g. Art Club?	
May we share your child's full name with PFOS (Parents and Friends of School) for school events i.e. Disco, Christmas cards	
I give permission to receive the school newsletter via email. (You will need to unsubscribe when your child leaves the school.)	

COMMUNICATION

I give my permission for the school to contact me for information on school trips, school events, voluntary contributions, marketing purposes and general communications via:

	Mother / Carer 1 (please tick)	Father / Carer 2 (please tick)
Phone		
Email		
Text message		

Please refer to our privacy notices on our website for information on how your data is collected, what we do with it and what rights parents and pupils have.

You may withdraw your consent at any time. To withdraw your consent, please contact the school by emailing leden@suttonmail.org, calling 0208 647 7496 or by coming into the school. Once we have received notification that you have withdrawn your consent, we will no longer process your information for the purpose or purposes you originally agreed to, unless we have another legitimate basis for doing so in law.

Name:	Date:
Signature:	

Please return this form in the envelope provided