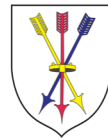


# Purbrook Junior School

DREAM BIG



Respect - Team - Achieve

For office use only:

## Emergency Contact and Medical Forms – 2018 - 2019

(CONFIDENTIAL)

Please complete all pages of this form

All schools are required by law to keep on record details of children admitted; we should therefore be grateful if you would complete this form in **BLOCK CAPITALS** and hand it into the school office.

### Pupil Details

Preferred Surname ..... Preferred Forename .....

Middle Name ..... Class .....

Legal Surname ..... Legal Forename .....

Date of Birth .....

**ADDRESS** .....

..... Postcode .....

### Main Contacts

**Parent/Carer: Mr/Mrs/Miss/Other**

**Parent/Carer: Mr/Mrs/Miss/Other**

**Forename:** .....

**Forename:** .....

**Surname:** .....

**Surname:** .....

**Address (if not home address above):**

**Address (if not home address above):**

.....

.....

.....

.....

..... Postcode .....

..... Postcode .....

**Contact Details:**

**Contact Details:**

**Home** .....

**Home** .....

**Mobile** .....

**Mobile** .....

**Work** .....

**Work** .....

**Email** .....

**Email** .....

**Priority to contact in an emergency: 1<sup>st</sup> 2<sup>nd</sup>**

**Priority to contact in an emergency: 1<sup>st</sup> 2<sup>nd</sup>**

**Parental Responsibility: Yes / No**

**Parental Responsibility: Yes / No**

**Relationship to child:**

**Relationship to child:**

**Does this person live with the child? Yes / No**

**Does this person live with the child? Yes / No**

**OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989** Parental responsibility may be shared between a number of people beyond the child's natural parents. Married parents have equal parental responsibility; on separation or divorce both parents continue to have parental responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested. Please give details. Please attach a copy of any court orders relating to your child. Please tick if attached

**Name (and relationship to child):** .....

**Home Address:** .....

..... Postcode .....

**Contact Details:**

**Home** ..... **Mobile** .....

**Work** ..... **Email** .....

**Is the child resident with foster parents: Yes / No**

**Additional Contacts**

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below the details of any person we can contact on such an occasion, if we are unable to make contact with the main Parent/Carer(s) as listed overleaf.

**Details should be listed in the order of contact preference.**

No	Name & relationship to the child	Parental responsibility	Daytime address and telephone number
1		Yes / No (delete as required)	
2		Yes / No (delete as required)	
3		Yes / No (delete as required)	

**Medical Information**

Doctor's Name:

Surgery Name, Address and Telephone number:

Please tick relevant items and complete details where necessary:

- My child has the following specific medical condition(s):  
.....  
.....
- My child has been prescribed the following, to be administered regularly / in an emergency:  
.....regularly  
.....in an emergency
- My child has been prescribed an inhaler and I will ensure one is available in school at all times
- My child has no specific medical condition and requires no medication to be administered at this time

I understand that if medication is required during school time, a separate Administration of Medicines & Treatment Consent Form will need to be completed.

**I understand that I must inform the school if any of the details provided above change.**

*Purbrook Junior School is a Data Controller for the purposes of the Data Protection Act. We collect information from you and may receive information about your child from your previous school or Hampshire County Council. We hold this personal data and use it to:*

- Support your child's teaching and learning;
- Monitor and report on your child's progress;
- Provide appropriate pastoral care, and
- Assess how well our school is doing.

*This information includes your child's contact details, national curriculum assessment results, attendance information and personal characteristics such as ethnic group, special educational needs and any relevant medical information. If you want to see a copy of the information we hold about your child then please contact the school office.*

Signed .....	Date .....
Adult with Parental Responsibility	