

Elstow School

Abbeyfield Road. Abbey Fields, Elstow, Bedford, MK42 9GP

Telephone: (01234) 302300

E-Mail: enquiries@elstowschool.co.uk

Web: www.elstowschool.co.uk



Please note your child's personal information and add details of changes as necessary.

Personal information

Pupil's name	
Date of Birth	
Class	

Home Address

No. and Street Name	
Town	
Postcode	

Emergency Contact Information

Please enter contact details in the order you wish them to be contacted in the event of an emergency;

PLEASE ENSURE YOUR NAME AS PARENT/GUARDIAN IS LISTED. All emergency contacts will be permitted to collect your child from school.

Contact 1

Title		
Full Name		
Address if different from pupil address		
Relationship to child	Please tick priority contact No. below	
Home Tel No.		
Mobile Tel No.		
Work Tel No.		
Place and hours of work		
Additional information (if any)		

Contact 2

Title		
Full Name		
Address if different from pupil address		
Relationship to child	Please tick priority contact No. below	
Home Tel No.		
Mobile Tel No.		
Work Tel No.		
Place and hours of work		
Additional information (if any)		

Contact 3 (optional)

Title		
Full Name		
Address if different from pupil address		
Relationship to child	Please tick priority contact No. below	
Home Tel No.		
Mobile Tel No.		
Work Tel No.		
Place and hours of work		
Additional information (if any)		

Contact 4 (optional)

Title		
Full Name		
Address if different from pupil address		
Relationship to child	Please tick priority contact No. below	
Home Tel No.		
Mobile Tel No.		
Work Tel No.		
Place and hours of work		

Medical Information

Doctor's Name			
Practice Name			
Practice Address	Practice Tel No.		
Do you give permission for the school to contact the doctor if necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your child have any health problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please give details (e.g. Asthma, Allergy etc.).			
Please be aware that we hold records of allergies to be aware of in school but these are not advised to Innovate, our school meals provider. If your child has a school meal, you will need to confirm details of any allergies when accessing Innovate's booking system at the start of each academic year and if your child has any allergies you will be contacted directly by them.			
If your child is asthmatic do you consent to us using the school's emergency inhaler if necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you give permission for the school to administer first aid when necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any other information relating to your child's health that you feel the school should be aware of:			
We may contact you for further information regarding your child's health if necessary			

I agree that the information given in this form is accurate and will endeavour to inform the school of any changes to the details given at the earliest opportunity.

Signature of parent/guardian _____

Print name _____

Date _____

Data Protection Act 2018

Please note that the personal details supplied on this form will be held and computerised by Elstow School for Education purposes. The information will be disclosed and held by the Local Education Authority, The DfES (Department for Education and Skills), the QCA (Qualifications and Curriculum Authority) and the Connexions Service where children are aged 13 or above. Full details of the purposes and use made of the information provided are outlined in the letter accompanying this form. Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.

Office Use only**Information updated on Sims**

Date _____

Actioned by _____

Information passed to class teacher

Date _____

Actioned By _____

Is any further action required re health? Yes/No