

St Stephen's CE Primary School

CONTACT DETAILS FORM

SURNAME OF CHILD FIRST NAME
ADDRESS DATE OF BIRTH
TOWN GENDER M/F
POST CODE Home Phone Number

FIRST CONTACT TELEPHONE NUMBER MUST BE A PARENT/CARER with legal responsibility.

MOTHER (name) Phone

FATHER (name) Phone

Emergency Contact 2

Full Name

Relationship to child.....

Address

.....

Phone Number

_Emergency Contact 3

Full Name

Relationship to child

Address

.....

Phone Number

DOCTOR Phone Number

MEDICAL CONDITION:

If our child needs emergency treatment at hospital and we are unable to be contacted, we give permission for his/her teacher to sign consent forms on our behalf.

Signed Parent/Carer

PLEASE FILL IN THIS SECTION FOR GOVERNMENT INFORMATION

ETHNIC ORIGIN (see separate sheet)

HOME LANGUAGE SPOKEN

RELIGION

COUNTRY OF BIRTH

I/WE GIVE OUR CONSENT FOR:

NAME OF CHILD to leave the school premises, with adult supervision, to undertake studies and activities in the local community, during this academic year.

Signed.....

Date.....