



Emergency Contact Details and Student Medical Information

Name of Student: _____

Date of Birth: _____

Tutor Group: _____

Home Address: _____

_____ Postcode: _____

Telephone: _____

Mobile: _____

E-mail: _____

Name of person (or persons) with parental responsibility and address if different from above:

Contact information: (In case of emergency during school day)

Contact 1 : Name: _____ Relationship: _____

Daytime phone number (1) _____ (2) _____

Contact 2 : Name: _____ Relationship: _____

Daytime phone number (1) _____ (2) _____

Medical information:

Name of GP (Practice and telephone number): _____

Does your child have any medical conditions? **Yes / No** (*delete as appropriate*)

- If 'yes', please give details:

Should you inform us of any medical conditions an individual healthcare plan will be prepared, prior to your child starting school, setting out what support may be required and how it will be provided. Healthcare plans are developed in partnership between the school, parents, students, and the relevant healthcare professionals.