

Toll Bar Primary School – Contact Form

Surname		Forenames	
Date of Birth			
Address			
Postcode		Email	

Contacts

If your child is taken ill we need the following information:-

Please give details of all persons (including yourself) who have parental responsibility and anyone else you wish to be contacted in an emergency for your child. Place them in the order of priority that you wish to be contacted in an emergency.

	Name	Relationship	Address	Home Telephone No	Mobile No	Work phone no
1						
2						
3						
4						

Medical Information

Doctor	
Practice Address	
Telephone No	

Medical Conditions	
Allergies	

Photograph Permission

May we use your child's photograph for:	Prospectus/Displays in school Yes/No	Local press/ Media Yes/No
	Video or Webcam Yes/No	Website Yes/No

Home language		Religion	
Ethnicity			

I give consent for my child to be taken for emergency medical treatment when the school has been unable to contact any of the above people.

Signed Parent/Guardian _____ Date _____

The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Education Authority and the DFES.