

Toll Bar Primary School

Contact Form

Surname _____ Forenames _____

Address _____

Date of Birth _____ Birth Certificate seen YES/NO Class _____

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 that you wish to be contacted in an emergency.

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

Parent/Carer e-mail address _____

Doctors surgery address & Tel No _____

Allergies _____ Medical Conditions _____

Ethnicity _____ Home language _____

Religion _____ Meal arrangement _____

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.