



Childs Name: _____

Class: _____

Contact 1: Main Parent / Carer

Name: _____

Relationship to Child: _____

Telephone No 1: _____

Telephone No 2: _____

Address: _____

Emergency Contact 2

Name: _____

Relationship to Child: _____

Telephone No 1: _____

Telephone No 2: _____

Address: _____

I confirm this person can collect my child from school Please tick

Emergency Contact 3

Name: _____

Relationship to Child: _____

Telephone No 1: _____

Telephone No 2: _____

Address: _____

I confirm this person can collect my child from school Please tick

Please give details below of the names of any other adults who are authorised to collect your child from school. Please note we will not release your child, without checking with you first, if their name is not on this list. Only persons above the age of 16 will be allowed to collect your child.

Name	Relationship to Child	Telephone number

This information will be retained by school



Childs Name:

Class:



2016/2017

Medical Information

Please list any medical conditions, medication and any treatment your child receives. Please also include any allergies and whether glasses are worn. If there are no medical conditions please put NONE across the boxes.

Medical Condition	Treatment/Medication

Please give us any more information about your child you think we may need to know;

Text Message Service

I understand that school will inform me, from time to time, via the text messaging service. The main contact number to receive these messages are as follows:

Please write your **Mobile Phone Number** in here;

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Other information

Consent form for School visits

I have read the information in relation to school visits and the curriculum and I give permission for my child to attend all school visits unless I inform school otherwise. I understand that school will inform me in advance of when a visit is due to take place.

Signed: _____ Date: _____

Uniform

I have read and understood the school uniform policy and home school agreement.

Signed: _____ Date: _____

Photographs

I give permission for my child to have their photographs taken;

For school only

OR

Only tick if you agree to give permission

To be used publicly for school
(including printed or internet based)

Internet Safety

I have read and understood the e-safety rules at Anfield Road Primary School and give permission for my child to access the internet under strict adult supervision. I understand that the school will take all reasonable precautions to ensure that pupils cannot access inappropriate materials

Signed: _____ Date: _____

Print Name: _____