

# ST GILES' C of E INFANT SCHOOL

## EMERGENCY CONTACT DETAILS & PERMISSION FORM

CHILD'S NAME: ..... DATE OF BIRTH: .....

ADDRESS: .....

POSTCODE: ..... HOME TEL. NO: .....

E-MAIL: .....

### MOTHER/GUARDIAN

Name: ..... Work No: ..... Mobile: .....

### FATHER/GUARDIAN

Name: ..... Work No: ..... Mobile: .....

### EMERGENCY CONTACT

Name: ..... Number: .....

ALLERGIES/MEDICAL NEEDS: .....

(use back of form for continuation if required)

NAME OF DOCTOR AND SURGERY: .....

NAME & TEL NO. OF ANYONE WHO MAY BE REGULARLY MEETING YOUR CHILD OTHER THAN PARENT/GUARDIAN:

Relation to child (i.e. Granny, Friend, Neighbour, etc.): .....

### PERMISSIONS

(Please circle as appropriate)

I am happy for my child (named above) to leave school for a short period to undertake curriculum studies in the locality of the school, under the supervision of the class teacher and teaching assistants.

Yes / No

I am happy for my child to have supervised access to the internet as part of educational activities

Yes / No

Please see separate form for photographic consent

SIGNED: ..... PARENT/GUARDIAN NAME: .....