



**CHILD'S SURNAME**.....

**CHILD'S FIRST NAME(S)**.....

**DATE OF BIRTH**.....**Male/Female**.....

**Country arrived from**.....**Date of arrival in U.K.**.....

**Ethnic Origin**.....**Religion**.....

**Language(s) spoken by child**.....

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**ADULTS WITH PARENT / CARER RESPONSIBILITY;**

**SURNAME**.....**FIRST NAME**.....

**SURNAME**.....**FIRST NAME**.....

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**Brothers/Sisters attending this School**

.....**Class**...../.....**Class**.....

.....**Class**...../.....**Class**.....

**Previous school/nursery attended**.....

**Address**.....

**Dietary Requirements – please circle**

No Pork      No dairy products      No fish      Vegetarian      Other

If *other* please give details.....

**Health information**

Allergies – please state below

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- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| - Diagnosed by doctor           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Medication required in school | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Epi-Pen                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Jext Pen                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Antihistamine                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Hearing / eyesight / other medical condition – please state below

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GP's name and address.....

.....Tel no.....

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I have read, and support, the School's rules as outlined in the Home/School Agreement.

I give permission for my child to be taken out on local outings. I give permission for my child's name and photograph to be added to the *Medication Care List*.

Parents Signature.....Date.....