



Essential Pupil Information - Breakfast and After School Clubs

Child's Surname _____ Forenames _____

Home Address _____ Date of Birth _____

_____ Post Code _____ Home Telephone _____

Parents/ Guardians (Please only state those who have legal parental responsibility)

Carer 1

Name _____ Relationship _____

Place of Work _____

Address (if different to above) _____

Contact Numbers: Mobile _____ Work _____

Email address _____

Carer 2 Name _____ Relationship _____

Place of Work _____

Address (if different to above) _____

Contact Numbers: Mobile _____ Work _____

Email address _____

In an emergency who should be contacted first _____

Other Emergency Contacts

Name _____ Relationship _____ Home Tel: _____

Mobile _____ In case of emergency school will always contact parents first. If we are unable to contact you for any reason does this person have your permission to take your child out of school. **Yes** **No** (Please circle accordingly)

Name _____ Relationship _____ Home Tel: _____

Mobile _____ In case of emergency school will always contact parents first. If we are unable to contact you for any reason does this person have your permission to take your child out of school. **Yes** **No** (Please circle accordingly)

Contact

Please state if there is anyone who should NOT have contact with your child and, if so, the reasons why.

Medical

Doctor's Name _____ Address _____

Phone Number _____

Please list below any medical information of which school should be aware eg. Medical conditions and Regular Medication etc.

Allergies and Dietary Requirements

Is there any other key information that you would like us to be aware of

By signing this form I consent to RJS retaining & using this information in line with the Data Protection Act 2018

Form completed by Name _____ Signature _____ Date _____
