

**Smithy Bridge Primary School**    Please also fill in the reverse side of this form

The information on this sheet will be used to contact help for your child in case of emergency. Please consider very carefully what information you give, particularly with regard to the persons you specify should be contacted instead of you-has this person a car with which to collect your child, and could he or she cope with a sick child? Finally please inform school **immediately** if there are any changes to the information given or new phone numbers.

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**Child's full name** .....

**Child's date of birth** .....

**Postal address** .....

..... **Post Code** .....

**Home telephone number** .....

**Home Email address** .....

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**Mother's place and hours of work** .....

**Mother's work & mobile telephone nos.** .....

**Mother's Email address** .....

**Father's place and hours of work** .....

**Father's work & mobile telephone nos.** .....

**Father's Email address** .....

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**Family Dr. & practice phone no.** .....

**Any medical information or serious allergies (please attach another sheet if necessary):**

**Names & phone of any other agencies involved with your child. (eg Speech & Lang, Health Professionals etc)**

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In case of need, the school will try to contact the above parent(s). if the school cannot make contact, you are asked to specify another person who is normally available during the school day and who will be prepared to look after your child in your absence at the person's home, if this should be necessary. You **must** have this person's permission to give his/her name & phone number to school.

**Name of carer:**.....

**Relationship to family (e.g. aunt/grandparent/family friend/childminder);**

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**Daytime & mobile phone nos.** .....

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**Please turn over this sheet and fill in the reverse side.**

Please complete the information requested below which is required for the school admission register entries.

# INFORMATION ABOUT EVERY PERSON WHO HAS PARENTAL RESPONSIBILITY OR RIGHTS FOR YOUR CHILD.

Please put a tick after the name of those parent(s) who have custody of the child named overleaf.

Full name of person:

Relationship to child:

Person 1 ..... ..

Living at the following postal address (if not the same as that given overleaf for the child)

.....  
.....Post Code .....

Full name of person:

Relationship to child:

Person 2 ..... ..

Living at the following postal address (if not the same as that given overleaf for the child)

.....  
.....Post Code .....

Names and ages of all other siblings living at this address

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Name, Address & phone no. of any other person who may have responsibility for the child, (eg Social worker)

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We need to know how your child travels to school, please delete any that do not apply:

Car            Walk            Taxi            Bus

Signed..... (parent)    Date.....