



WORK, LEARN AND GROW IN CHRIST

ST. JOSEPH'S CATHOLIC PRIMARY SCHOOL - DUDLEY

EMERGENCY PUPIL RECORDS - ACADEMIC YEAR 2011-12

Please complete all the CLEAR boxes in Sections A to I on this form to help us if we need to contact you in Case Of Emergency or for any other reasons during school time

Please use a black biro - write clearly - do not write in grey areas

SECTION A: FAMILY SURNAME ONLY – In CAPITALS Please

Surname Only:

SECTION B: PUPIL NAMES & DETAILS – In CAPITALS Please

<i>Please include all your children at St. Joseph's</i>	Child 1	Child 2 (if any)	Child 3 (if any)
First Name Only			
Date of Birth			
Religion			
Current Class			

SECTION C: FULL POSTAL ADDRESS – In CAPITALS Please

House No:		Street/Road:			
Town:				County:	West Midlands
Full Correct Postcode (Please write code clearly)					
Is this address different from last year? (very important to tell us)					<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D: TELEPHONE NUMBERS: DIALING CODE ON LEFT – FULL NUMBER ON RIGHT

Home Telephone Number	0	1											
Mobile Telephone Number	0	7											
Leave Blank – School Only													
Leave Blank – School Only													
Leave Blank – School Only													
Is there someone at home during school time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes*												
*If you ticked "Sometimes" please give times:	From:						To:						
	From:						To:						

SECTION E: CONTACT NAMES TO USE IN CASE OF EMERGENCY - In CAPITALS Please

Priority	Full Names Please	Relationship	Emergency Tel. No.
No. 1	Mr/Mrs/Miss:		
No. 2	Mr/Mrs/Miss:		
No. 3	Mr/Mrs/Miss:		
No. 4	Mr/Mrs/Miss:		
No. 5	Mr/Mrs/Miss:		

Please enter contact names in the Priority Order you prefer the School to call in case of Emergency

Sections F to I: Continued →

SECTION F: MEDICAL INFORMATION - In CAPITALS Please

Family doctor:		Telephone:	
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Address:	
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Is any pupil in Section B taking regular medicine(s) or inhalers?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
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* If "Yes" please give exact details:

* If you answered "Yes" above, please also complete a special "Administration of Medicine(s) Request" blue form (available at the school office) **before any** medicine(s) may be brought into school. Any medicine(s) must be handed in at the school office with the blue form. All medicine(s) and inhaler(s) should be clearly labelled with the child's name, Class and the dose.
IF THERE IS ANYTHING ELSE WE NEED TO KNOW ABOUT YOUR CHILD PLEASE ADVISE THE SCHOOL

SECTION G: ALLERGIES DIAGNOSED BY A DOCTOR (IF ANY)

Please list any known allergies your child has been diagnosed to have: for example, hay fever, eggs, nuts, milk, chocolate, sticky plaster, eczema, etc., or any other conditions we should know about:

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SECTION I: SIGNATURE + NAME OF PARENT OR GUARDIAN

Signed:		Print Your Name:	
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Have you completed all the clear boxes in Sections A to I on this form with all the appropriate details we need to contact you?

PLEASE LEAVE BLANK - FOR SCHOOL USE ONLY

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