

NAYLAND PRIMARY SCHOOL CONTACT FORM

Please complete and return this form to school as soon as possible.

Further details regarding GDPR can be found on the school website (Data Protection Policy).

You must inform school immediately of any changes to these details.

Child's First Name:		Middle Name/s:		Surname:
Address:				
Home Tel No:		Date of birth:		

Father/Carer's Name:	Mother/Carer's Name:
Address if different from above:	Address if different from above:
Mobile No:	Mobile No:
Email:	Email:
Work Tel No:	Work Tel No:

Alternative contact:

In the event of school closure or emergency I give permission for my child to be placed in the care of:

Name:	Tel No:	Relation:
Name:	Tel No:	Relation:

End of Day Arrangements:

I give permission for my child to be collected by:

Name:	Tel No:	Relation:
Name:	Tel No:	Relation:

Medical Information

Eg: asthma, allergies, diabetes, epilepsy, visual, hearing etc.

Medical Condition			
Name of GP and surgery:		Surgery Tel No:	

Dietary Needs:	
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Signature of parent/guardian _____ Date _____