

**Family Information for Children returning to school June 2020 or keyworker children**

Child's First Name: \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Parent's name \_\_\_\_\_

Home Address: \_\_\_\_\_

Current email address: \_\_\_\_\_

Does your child have any condition, illness or allergy, please give full details:

\_\_\_\_\_  
\_\_\_\_\_

Please provide 3 contact numbers in case of emergency:

Name	Relationship to Child	Contact Number

GP Name: \_\_\_\_\_ GP phone number: \_\_\_\_\_

GP Address: \_\_\_\_\_

Should your child need any medication in school, please contact Mrs Southgate to discuss this. Please tick to confirm you have understood the administration of medicines.

☐ My child will be responsible for the self-administration of medicines. I will provide spoons/syringes.

Please tick both boxes below:

☐ I agree to update information about the child's medical needs held by the school and that this information will be verified by GP and/or medical Consultant.

☐ I will ensure that the medicine held by the school has not exceeded its expiry date. I understand that medicines will be kept by the adult in my child's group.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(I have PR for the above named child)

Print name \_\_\_\_\_



