



Davington Primary School

Please complete the details below and return to the school office – Thank you

Name		
DOB		Address
House		
Class		

Ethnicity	
Nationality	
Country of Birth	
First Language	
Religion	

Siblings Currently in School	Sibling DOB	<i>If there are any siblings missing from the panel to the left please add their name and class below</i>

Medical Practice	Telephone Number	Dietary Needs <i>Please write any additional needs here, such as allergies</i>	
Medical Condition		Notes	<i>Please write any additional medication/information here</i>

Priority	Parent Contacts	Relationship with Pupil	Home Number	Mobile Number	Email Address	Lives with Pupil
1						
2						
Priority	Emergency Contact	Relationship with Pupil	Home Number	Mobile Number	Email Address	
3						

Consent for School trips and other off-site activities	<p>Please sign below that you are happy for your child</p> <ul style="list-style-type: none"> To take part in school trips and other activities that take place off school premises; and In the event of my child requiring emergency treatment and the Headteacher (or his representative) being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the wellbeing of my child.
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Signature:

Date:.....

Data Protection Act: 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The data is being collected, controlled and processed in line with General Data Protection Regulations (GDPR). The school is required to share some of the data with the Local Authority and with the DfE.