



Davington Primary School

September 2023

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

Name			Ethnicity	
DOB		Address	Nationality	
			Disabilities	
House			First Language	
Class			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	Please sign below that you are happy for your child
	<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.

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.