

PUPIL INFORMATION CARD – SEPTEMBER 2024**FAMILY SURNAME(S):****Child/ren's First Name****Date of Birth (DD/MM/YYYY)****1.****2.****3.****4.****Home address (including postcode):****Home Language:****Religion:****Mother's full name (Miss/Mrs/Ms)****Mother's mobile number:****Mother's email address:****Mother's National Insurance No:****Father's full name:****Does Father have Parental Responsibility (PR)? YES/NO****Father's mobile number:****Father's email address:****Father's National Insurance No:****Do mother/father require separate meetings/school reports? YES/NO****GP name:****GP Surgery name:****GP surgery's full address (including postcode):****GP surgery's telephone number:****Emergency contacts - please list contact details in order of priority:****Contact Name****Contact Number****Relationship to child****1.****2.****3.**

MEDICAL INFORMATION/MINOR FIRST AID PERMISSION - SEPTEMBER 2024

FULL NAME OF CHILD + NHS NUMBER	ASTHMA FORM (COMPLETED OR N/A)	FOOD ALLERGIES	MEDICAL ALLERGIES	DIETARY RESTRICTIONS

Parent permission given to give the following:	YES	NO
Savlon (<i>for cuts and grazes</i>)		
Germolene (<i>for cuts and grazes</i>)		
Anthisan (<i>for bites and stings</i>)		
Vaseline		
Paracetamol Suspension (<i>for headaches and pains</i>)		
Plasters (<i>for cuts/grazes/blisters</i>)		
Antiseptic wipes (<i>to clean cuts and grazes</i>)		

I/we have read and will adhere to the **Woodhall Family Agreement**.

Original form completed by: _____
(Parent/Guardian)