

The Hellenic School of St Peter & St Paul Bristol

The Hellenic School of St Peter and St Paul is obliged to follow the Child Protection Procedures.

The information below is confidential. ONLY the Designated Child Protection Officers (Head and Deputy Head Teacher) will have access to this information. (Forms will be held in the School office in a locked drawer accordingly.)

INFORMATION FORM - All children who attend must be registered.

Academic year: September 20__ to July 20__

Child's Surname _____ Child's First Name(s) (in full) _____

To be known as: _____ Male : Female Date of Birth: _____

Place of Birth: _____

Home Address: _____

_____ Postcode: _____

Name of Parent/Carer to whom correspondence is to be addressed Mr/Mrs/Ms/Miss (other):

Address (if different): _____

_____ Postcode: _____

E-mail(s): _____

Telephone Numbers Day: _____ Evening: _____ Mobile: _____

Details of person(s) authorised to collect your child from school. Please note that your child will only be able to leave with a named person.

Name (in full): _____

Relationship to child: _____ Telephone: _____

Name (in full): _____

Relationship to child: _____ Telephone: _____

Details of person(s) that are NOT authorised to collect child from school. (Please provide a copy of any Court/Family Orders if available)

Name (in full): _____

Relationship to child: _____ Telephone: _____

Reason: _____

Emergency contact and relationship to the child

1st Person Name: _____ Relationship: _____

Occupation: _____ Telephone number(s): _____

2nd Person Name: _____ Relationship: _____

Occupation: _____ Telephone number(s): _____

Any additional names/relationship/numbers you can provide:
(It is assumed that any of the above named persons will be allowed to collect your child in an emergency)

Medical Information

Child's Doctor Name: _____ Telephone: _____

Surgery Address: _____

Postcode: _____

Has your child been immunised against (please delete accordingly):

Diphtheria - **YES/NO** HIB - **YES/NO** MMR - **YES/NO** Polio - **YES/NO** Tetanus - **YES/NO**

Meningitis C - **YES/NO** Pn'coccal - **YES/NO** Whooping Cough - **YES/NO**

Is your child allergic to anything (please specify): _____

Does your child have any known medical conditions (please list): _____

Does your child have any special needs you wish to discuss: _____

Any other information (i.e. Social care involvement, other agencies involvement) please list:
