

Data Collection Sheet

Please complete including several contacts that we may approach in case of illness or accident and please also inform us of any medical needs or particular dietary needs. If your child has asthma or needs medication in school, note it on this form and we will send out a further care plan for medical needs.

Please return the completed form to the school office as soon as possible. We are required to update our records annually and so need this form returned to school even if no details have changed.

Surname: Forename: Chosen name: Date of Birth: Address: Post Code: Telephone: Email:	Legal Surname: Middle name: Gender: Reg Group:
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Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. **We will use these details when school staff (including health staff who work in school) need to contact you about your child.** Place contacts in the order that you wish for them to be used in an emergency.

Priority	Name/Relationship	Home Address/Phone/Mobile/Fax	Work Address Phone/Email
1			
2			
3			
4			

Travel Arrangements													
<input type="checkbox"/>	Bicycle	<input type="checkbox"/>	Train	<input type="checkbox"/>	Car/Van	<input type="checkbox"/>	Walk	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	School Bus	<input type="checkbox"/>	Car Share
<input type="checkbox"/>		<input type="checkbox"/>	Public Bus Service	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other

Dietary Needs					
Dietary Preferences					
Type of meal	Mon	Tue	Wed	Thu	Fri
School Meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packed Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Practice: Address: Telephone Number:

Medical Condition(s)

Ethnicity : Home Language:	Religion:
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 to keep it up to date. The school is required to share some of the data with the Local Authority and with the DCSF.	
Signature:	Date: