



St. Joseph's RC Primary School
Pupil Contact and Medical Information Update Form

Dear Parents / Carers

It is very important that we hold the most up-to-date information on file for your child. Should any of this information change at any time during the school year, please notify the school office immediately.

Child's Name:		
Home Address:		
Home Telephone Number:		
Name of Parents or Guardians: (and home address if different from above)	Parent/Carer 1:	Parent/Carer 2:
	Name: Address:	Name: Address:
Contact Numbers:	Home:	Home:
	Mobile:	Mobile:
	Work:	Work:
Please list the details of the persons who can be contacted in the event of an emergency: (please note that the school will always try to contact the parents in the first instance)	Emergency Contact 1:	Emergency Contact 2:
	Name:	Name:
	Home: Mobile: Work:	Home: Mobile: Work:
	Is he / she authorised to collect your child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is he / she authorised to collect your child: <input type="checkbox"/> Yes <input type="checkbox"/> No
In addition to the emergency contacts, please list below the three most frequent adults who will be collecting your child: 1..... 2..... 3.....	Emergency Contact 3:	Emergency Contact 4:
	Name:	Name:
	Home: Mobile: Work:	Home: Mobile: Work:
	Is he / she authorised to collect your child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is he / she authorised to collect your child: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical/Dietary Details: Please list any medical conditions or dietary requirements for your child:		
Medical Conditions/Allergies:	Dietary Requirements:	
GP Name: Address: Contact Number:		
Please tick to indicate your normal mode of travel to school: Walk <input type="checkbox"/> Bus <input type="checkbox"/> Car/Van <input type="checkbox"/> London Underground <input type="checkbox"/> Train <input type="checkbox"/>		