



Lancaster Road Primary School Data Collection Sheet & Medical Information

This form will be used to update our contact information. The form is two sided - please complete fully.

Legal Forname		Preferred Forename		Date of Birth	
Legal Surname		Preferred Surname		Birth Cert Evidenced	Y/N (Office Use)

EMERGENCY CONTACT DETAILS

No 1		Relationship	
Address		Post Code	
Home No		Mobile No	Work No
Email Address			

No 2		Relationship	
Address		Post Code	
Home No		Mobile No	Work No

No 3		Relationship	
Address		Post Code	
Home No		Mobile No	Work No

MEDICAL DETAILS

Medical Card Number		GP	
GP Address			
GP Telephone No		Post Code	

Does your child suffer from any of the following conditions (please tick):

Asthma		Chest Problems		Heart Trouble		Tuberculosis	
Fainting		Bronchitis		Diabetes		Raised blood pressure	
Migraine	Other (please state)						

If you have ticked yes to any of the above please give further details including symptoms and medication:

EPILEPSY if your child suffers epilepsy please give further details below:

What specific epilepsy your child has been diagnosed with.	
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Please give details of the pattern of seizures

Does your child suffer from any other condition requiring medical treatment for which they require medication?	Y/N
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Is your child allergic or sensitive to any medication (eg Penicillin), insect bites or any food types?	Y/N
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If YES please give details.

Does your child take any form of medication on a regular basis?	Y/N
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If YES please give details below:

Please ensure your child is in school or on a school trip he/she has adequate supplies of medication.

Has your child had the following immunisations:

Polio	Y/N	Tetanus	Y/N (please give date)	MMR (1 st and 2 nd dose)	Y/N
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To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious? Please give details below:

TRAVEL TO SCHOOL DETAILS

Bicycle		Car		Public transport		Walk		Taxi		Other	
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ETHNICITY - please tick which ethnic group you feel best describes you.

White Irish		White - British		White & Asian		White & Black African		White & Black Caribbean	
Chinese		Gypsy/Roma		Indian		Any other Asian background		Any other Black background	
Any other ethnic group		Any other mixed background		Any other white background		Bangladeshi		Black - African	
Black - Caribbean		Pakistani		Refused		Unknown		Traveller of Irish Heritage	

RELIGION - please state which religion you feel best describes your child.

LANGUAGE - what is your child's first language.

The information I have given above is accurate. I will ensure that the School Office is notified of any changes.

Signed	
Name	
Relationship to child	Date

