Ledbury Primary School

"Determined to Succeed"

PUPIL REGISTRATION FORM – LARKS AND OWLS CONFIDENTIAL

PUPIL DETAILS

Surname: _____

Forenames: _____ Preferred name: _____

Date of Birth: _____ Sex: Male / Female

Address: _____

_____ Post Code: _____

PARENTS/CARERS
Please give details of all persons who have legal parental responsibility

Mother/Legal Guardian
Full Name: Mr/Mrs/Miss/Ms/Other …. _____

Telephone: Home _____

Work _____

Mobile _____

Email: _____

Same residential address as pupil: Yes / No

If different, please give address: _____

_____ Post Code: _____

Father/Legal Guardian
Full Name: Mr/Other ……. _____

Telephone: Home _____

Work _____

Mobile _____

Email: _____

Same residential address as pupil: Yes / No

If different, please give address: _____

_____ Post Code: _____

Does anyone else hold parental responsibility for the child? Yes / No

If yes, give details:

Full Name: _____

Telephone: Home _____

Work _____

Mobile _____

Email: _____

Same residential address as pupil: Yes / No

If different, please give address: _____

_____ Post Code: _____

ALTERNATIVE CONTACTS

Please give details of persons who may be contacted in an emergency to act on your behalf.

Name	Relationship to child	Telephone Number
		Home:
		Mobile:
Name	Relationship to child	Home:
		Mobile:

In addition we would like to establish a unique password for each child. Every person who collects your child must know this password in order for the child to be released into their care

Unique Password : _____

MEDICAL INFORMATION

It is vitally important that the School are aware of any conditions that your child may have, or medications that your child will need. Any changes in medical information should be notified to the school immediately.

Does your child suffer from:

Asthma
Epilepsy
Diabetes
Bladder or bowel conditions
Allergies
Any other medical conditions

Does your child have any problems with:

Mobility
Hearing
Speech
Vision

Does your child have significant medical history from birth?

If you have ticked any of the boxes, please give details below. If your child is an asthma sufferer, please give details of the trigger(s) if known.

Does your child need regular medication on prescription? Yes / No

Will your child need regular prescription medication during school hours (including asthma inhaler)? Yes / No
If Yes, please contact the school to make an appointment to discuss your child's needs.

I give permission for medical information to be shared with the school nurse. Yes / No

First Aid and serious injuries:
In the event of a pupil requiring first aid, a qualified first aider will give appropriate first aid treatment. If the injuries are considered serious i.e. a fracture, the Ambulance Service will be contacted. The parent/carer will be contacted and asked to meet at either the school or the hospital. It is essential that up to date telephone numbers are given to the School for this type of situation. If taken to hospital by ambulance, the pupil will be accompanied by a parent/carer or staff member.

First Aid treatments often include antibacterial wipes, plasters, dressings and tape.

If a pupil sustains a head injury, appropriate first aid will be given and the pupil will receive a letter to take home with a reminder of potential symptoms. If deemed necessary after a head injury, parents/carers will be contacted to collect their child.

I consent for my child to be treated by First Aiders at the School, using first aid equipment as they deem necessary at that time. If the child needs to attend Hospital or a Dentist, I consent for the child to be treated by Ambulance/Hospital/Dental staff as necessary.

Parent/Carer name (please print):

Signature: **Date:**

GP Details

Name of GP: _____

Practice: _____

Telephone No: _____

FOOD ALLERGIES

For breakfast club and as part of the after school activities, pupils could be involved in the touching or tasting of food.

We need to know if your son/daughter has any food allergies or is not permitted to handle certain types of food. Yes / No

My child has a food allergy. (If Yes please specify) …… Yes / No

My child is permitted to handle all foods. (If No please specify) ……..

PHOTOGRAPHS AND VIDEO RECORDINGS

From time to time photographs may be taken of the children to record their various club activities and these could be displayed round the school.

I give permission for my child being photographed or recorded on video. Yes / No

SCHOOL WEB SITE / FACEBOOK / TWITTER

We would like to use some photographs of children engaged in before and after school club activities in school on our website, Facebook page and Twitter. No children's surnames will be used. Photographs and names will not be used together.

I give permission for photographs of my child to be used on the school web site. Yes / No

I give permission for photographs of my child to be used on the school's Facebook. Yes / No

I give permission for photographs of my child to be used on the school's Twitter page. Yes / No

NEWSPAPERS

To celebrate school events we regularly invite the press to take photographs of the children for publication. It is the policy of The Ledbury Reporter that the child's full name appears in the paper.

I give permission for my child's photograph and full name to appear in the newspaper Yes / No

RELIGION
Please circle an option:

Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No Religion / Other Religion / Decline to answer

ANY OTHER INFORMATION

Please include any particular likes/dislikes/interests that may help us plan to include activities that your child will especially enjoy

AGREEMENT TO WATCH A PG FILM:

On occasions, a PG film is shown during Owls. Please state whether you are happy for your child/ren to participate in this activity.

I agree / do not agree * for my child/ren to watch a PG film.

(*delete where applicable)

NAME of Parent/Carer (please print):

Signature:

Date: