

## Farnborough Primary School

### DATA CHECKING SHEET

Please complete in full and return to the School Office as soon as possible

Surname	<input style="width: 95%;" type="text"/>	Forename	<input style="width: 95%;" type="text"/>
Middle Name	<input style="width: 95%;" type="text"/>	Chosen Name	<input style="width: 95%;" type="text"/>
Gender	<input style="width: 95%;" type="text"/>	Date of Birth	<input style="width: 95%;" type="text"/>
Address, Including Post Code	<input style="width: 95%;" type="text"/>		
Phone No	<input style="width: 95%;" type="text"/>	Mobile Phone No	<input style="width: 95%;" type="text"/>
Year	<input style="width: 95%;" type="text"/>	Class	<input style="width: 95%;" type="text"/>

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

**PLACE THEM IN THE ORDER YOU WISH THEM TO BE CONTACTED IN AN EMERGENCY.**

Name/Relationship	Home Address	Contact Telephone Number
1.		
2.		
3.		
4.		

Dietary Needs

Meal Arrangement – Please tick the appropriate choice

Free School Meal

Paid School Meal

Packed Lunch

Doctor's Name, Address and Telephone No

Please list any medical conditions that you think the school should be aware of.

Ethnic Origin

Home Language

Religion

E-Mail Address (if available):

# MEDICAL INFORMATION

2017/2018

Name of Child:

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DOB \_\_\_\_\_ Year \_\_\_\_\_ Class Name \_\_\_\_\_

## Family Doctor's Details

Name

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Address

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\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone No \_\_\_\_\_

## Medical Needs

It is important that the school is aware of any medical needs and any medication that may need to be administered in school on a regular basis including Asthma.

Does your child have any medical needs?

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Does your child take any regular medication which should be administered in school?

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**As your child may take part in food technology activities and may need to taste food please detail below any food allergies, stating if your child has any special dietary needs which could prevent her/him from tasting/eating certain foods. This is especially important if your child has school lunches.**

Does your child suffer from any food allergies?

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Are there any foods for your child to avoid?

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**To ensure that every child's needs can be met at Farnborough Primary School please could you indicate if your child has special educational needs or any additional needs that may require any adaptations to the national curriculum.**

Special Educational Needs / Additional Needs                      Yes / No

Brief Details of Need

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Working with Other Agencies (Please list)

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\* I give / I do not permission for a member of Farnborough Primary School staff **to administer calpol/ paracetamol** to my child during the school day, if required.

I understand that I will be informed if my child has been given this medication.

Signed \_\_\_\_\_

\* Please delete as appropriate