



Form SS12

Appendix 2

This form should be completed by PARENTS or persons with parental responsibility in respect of every pupil on entry to the school, and annually.

Section A – Child's Details:

Surname:

Date of
Birth:

Forenames:

Address:

Name of
School:

I understand that there may be curriculum based activities which may take my child off school premises in the neighbourhood of the school e.g. swimming, field trips, sports activities, local parks - they may walk or go in a mini-bus or coach, public or private transport. (See note below.)

I understand that there may be occasions when my child may be taken by a member of the staff in his/her car to hospital or home or sporting fixtures and other activities.

I agree that my child (name) _____ be allowed to take part in these activities as indicated above.

If you do not agree, your child will not participate in any of the above activities or be taken in a member of staff's car.

Note:

In the event of certain other activities involving my child being away from school/home, I will be asked to complete an additional form for each activity.

Section B – Medical Information

This information will be shared with the School Health Nursing Service (SHN) to ensure that any medical needs your child may have in school are dealt with appropriately. If you wish to discuss this further please contact the SHN message taking service on 0121-612 2974.

1. Your Child's Family Doctor:

Name:

Address:

Tel:

Medical Card No:

2. Is your child on any regular medication?

Yes

☐

No

☐

If yes, please give details:

3. Is your child under the care of any hospital, please give the Consultant's name and details:

4. Has your child had any of the following immunisations? (from your red book)

Age Due	Immunisation	Please tick the relevant boxes below and date as appropriate	
2 months	1st Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	☐	
3 months	2nd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	☐	
4 months	3rd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	☐	
12-18 months	Measles, Mumps, Rubella (1st MMR) (2nd MMR – usually at 3-5 years)	☐	
3-5 years	Diphtheria, Tetanus, Whooping Cough, Polio Booster	☐	
10-14 years	BCG (only for children with identified risk factors)	☐	
14 years	Tetanus, Polio and Diphtheria Booster	☐	

5. Does your child suffer from any of the following problems?

	Yes	No		Yes	No
Asthma	☐	☐	Hearing Loss	☐	☐
Diabetes	☐	☐	Poor Vision	☐	☐
Seizures	☐	☐	Serious allergic reaction e.g. to medicines/ foods	☐	☐
Heart Disorder	☐	☐	Other significant conditions	☐	☐

If you have ticked any of the above please give details:

6. Personal Accident Insurance

The local authority does not provide Personal Accident Insurance for individual pupils. Personal Accident Insurance can be taken out by parents if they think it necessary. They should consult the school to check whether this cover has been taken out on behalf of all school pupils before proceeding.

Please return this form as soon as possible to school

7. Emergency Contact Telephone Numbers: (Please give 2 if possible)

(1)		Name	Daytime Tel No	
(2)		Name	Daytime Tel No	

8. Home Language:(include dialect if other than English)

Signed:

Date:

(Parent or Guardian with parental responsibility)

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