



Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
Post Code		Postcode	

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
Post Code		Post Code	

Medical Information

Doctors & Address

Doctors Name	Phone Number
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Allergies/Asthma Information/Special Health Considerations (Please put anything relevant)

Parent's/Guardian's Signature	Date
Parent's/Guardian's Signature	Date

Salhouse VC C of E Primary School

Headteacher: Ms Julie Church

Cheyney Avenue | Salhouse | Norwich | NR13 6RJ | 01603 720402

email: office@salhouse.norfolk.sch.uk web: www.salhouseschool.co.uk



January 2018

Dear Parents/Carers,

We encourage parents and carers to provide the school with sufficient information about your child's medical condition and any treatment or special care needed at school. This information must be updated regularly for our records.

Please see on the reverse of this letter a form for you to complete and return to school.

If there are any special religious and /or cultural beliefs which may affect medical care that the child needs, particularly in the event of an emergency, we rely on parents/carers to inform us and confirm this in writing. Such information will be kept on the child's personal record.

Best wishes

A handwritten signature in black ink, appearing to read 'Julie Church'.

Ms Julie Church

Headteacher

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Respect | Responsibility | Courage | Trust | Perseverance | Compassion

