

VIOLET LANE SCHOOL – EMERGENCY DATA COLLECTION SHEET

Surname:	Legal Surname:
Forename:	Middle name:
Chosen name:	Gender:
Date of Birth:	Year:
Address:	Reg Group:
Post Code:	
Email:	

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 that you wish for them to be contacted in an emergency.

Priority	Name/Relationship	Home Address/Phone/Mobile	Work Phone Number
1			Tel:
2			Tel:
3			Tel:
4			Tel:
5			Tel:

Medical Notes

<p>Dietary Needs</p> <p>Please tick the appropriate choice</p> <p> <input type="checkbox"/> Free School Meal <input type="checkbox"/> Paid School Meal <input type="checkbox"/> Sandwiches <input type="checkbox"/> Home </p>
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<p>Travel Arrangements</p> <p>Please tick the appropriate choice</p> <p> <input type="radio"/> Walk <input type="radio"/> Car <input type="radio"/> Car Share <input type="radio"/> Other </p>

<p>Doctor:</p> <p>Address:</p> <p>Telephone:</p>

<p>Ethnicity :</p> <p>Home Language: Religion:</p> <p>Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Education Authority and with the DfES.</p> <p>Signature:</p>
