

Child's Ethnicity: (Please tick the appropriate box)

1. White Background

- White British
- White English
- White Scottish
- White Welsh
- Other White British
- White Irish
- Traveller of Irish Heritage

2. Any Other White Background

- White Albanian
- White Bosnian-Herzegovinian
- White Croatia
- White Greek/Greek Cypriot
- White Italian
- White Kosovan
- White Portuguese
- White Serbian
- White Turkish / Turkish Cypriot
- White European
- White Eastern European
- White Western European
- Other White
- White Gypsy / Roma

3. Mixed / Dual Background

- Mixed White and Black Caribbean
- Mixed White and Black African

4. Mixed White and Asian

- Mixed White and Pakistani
- Mixed White and Indian
- Mixed White and Any Other Asian

5. Any Other Mixed Background

- Mixed White and Chinese
- Mixed White and Any Other Ethnic
- Mixed Asian & Black
- Mixed Asian & Chinese
- Mixed Asian & Any Other Ethnic
- Mixed Black & Chinese
- Mixed Black & Any Other Ethnic
- Mixed Chinese & Any Other Ethnic
- Other Mixed Background

8. Any Other Asian

- . African Asian
- . Kashmiri Other
- . Nepali
- . Sri Lanka Sinhalese
- . Shri Lanka Tamil
- . Other Asian

9. Black or Black British

- . Black Caribbean

10. Black African

- . Black Angolan
- . Black Congolese
- . Black Ghanaian
- . Black Nigerian
- . Black Sierra Leonean
- . Black Somali
- . Black Sudanese
- . Other Black African

11. Any Other Black Background

- . Black European
- . Black North American
- . Other Black

12. Chinese

- . Hong Kong Chinese
- . Malaysian Chinese
- . Singaporean Chinese
- . Taiwanese
- . Other Chinese

13. Any Other Ethnic Group

- . Afghan
- . Arab other
- . Egyptian
- . Filipino
- . Iranian
- . Iraqi
- . Japanese
- . Korean
- . Kurdish
- . Latin/South/Central American

6. Asian or Asian British

- Indian

Lebanese

Libyan

7. Pakistani

- Pakistani-Mirpuri Pakistani
- Kashmiri Pakistani
- Other Pakistan
- Bangladeshi
- Any Other Group

Malay

Moroccan

Polynesian

Thai

Vietnamese/Yemeni/

14. Refused.

15. Information not obtained.

Child's preferred language:.....

Child's Religion:

Child's medical information/individual needs:

Name of doctor:.....

Name of health visitor:.....

Doctor's surgery and address:.....

.....

Postcode:.....

Doctor's telephone number:.....

Known medical conditions, allergies, special dietary and health needs:

Yes

No

If yes, an accompanying letter from your GP must be provided. Please give details:

.....

.....
Details of any medication being used:.....
.....

Does your child suffer from asthma?

Yes No

If yes please provide the dosage required and the frequency of this dosage.

.....
.....

***Please note if your child is in Nursery or Reception, you must obtain an asthma health care plan from your health visitor.**

Has your child received a tetanus injection in the last five years ?

Yes No

To the best of your knowledge has your child been in contact with any contagious or infectious diseases, or suffered anything that may be, or become contagious or infectious?

Yes No

If yes, please give details.....
.....

Any other relevant information we should be aware of?
.....

I undertake to inform the Headteacher at Christ Church as soon as possible of any change in medical and/or any other relevant circumstances.

Signed; Parent/carer:**Date:**

Signed: Head teacher.....Date :.....

Arrangements in the case of sickness and/or any emergency:

If a child becomes unwell during their stay with us we contact the parent/carer at the earliest opportunity. Staff at Christ Church Primary School have undertaken appropriate training to deal with an emergency.

While every attempt will be made to contact you there may be a situation when it is deemed necessary to administer basic first aid to your child (of which a written record will be kept) and in an emergency call the emergency services. Please sign below giving your consent to Christ Church Primary School taking such action in your absence:

I (*print name*) give my consent to Christ Church Primary School administering basic first aid (of which a written record will be kept).

Signature of parent/carer:

.....

Date:

I (*print name*) give my consent to Christ Church Primary School signing any written form or consent required by hospital authorities, including anaesthetic, if the delay in getting my signature is considered by the medical practitioner in attendance to endanger my child's health and safety.

Signature of parent/carer:

Date:.....

Permission for use of Sun cream

During the hot weather, please send in your child's sun lotion clearly labelled with your child's name.

By signing below, I give my consent for a member of Christ Church Primary School staff to apply and/or re-apply sun cream to the child named below.

Name of child :

.....

Signed: Parent/carer:Date:

Signed: Head teacher.....Date: