

September 2016- Please complete and return to school as soon as possible, even if there have been no changes.

GREAT WHELNETHAM CEVCP SCHOOL

Emergency Contact Numbers

Child/Children's Name Class(es).....

Mother's daytime contact No..... Mobile.....
Hours of work

Father/Partner's daytime contact no.....
Hours of work.....
Mobile.....

If we are not available please contact the following person/s who is/are authorised to collect my child/children:

Name..... Number.....

Name..... Number.....

Medical Information

If your child suffers from any medical condition, which you think we should be aware of at school, please insert full details below, and ensure that you let us know of any future changes to this information. Please can we remind you that at the start of each term, inhalers and medication needs to be handed in at the office and the appropriate permissions forms completed.

School Trips

I acknowledge that staff will be liable in the event of any accident, only if they have failed to take reasonable care of my child during the visit.

Permission to leave school premises

At times during the school year, we take the children out of school to visit the church, churchyard, Community Centre and other places of interest in the nearby locality. There will be at least 2 adults for each class and children will be closely supervised at all times but we do require your permission in order to do this. Please sign below giving your consent.

I give permission for my child/children to attend supervised visits to the church, churchyard, Community Centre and other places of interest in the nearby locality.

Name..... Signed..... Date