



Student's Personal Details

First name

Last name

Student's Home Phone

Preferred first name

Gender

Student's Mobile (if relevant)

Date of Birth (dd/mm/yyyy)

Street (incl house number)

Town/City

Postcode

Emergency Contacts (two please)

First name

Last name

Mobile Number

Relationship

Home Number

Email address

Work Number

First name

Last name

Mobile Number

Relationship

Home Number

Email address

Work Number



Medical Contacts Form

Doctor Name

Surgery Name

Contact Number

NHS Number of Student

Address

Emergency Information

Do you object to blood transfusions

Yes

No

Wears glasses

Yes

No

Wears contact lenses

Yes

No

Paracetamol may be given

Yes

No

Swimming ability

Can't swim

Weak

Confident

Strong

Medical Conditions

Allergies (Anaphylactic)

Yes

No

Hearing impairment

Yes

No

Allergies (Non-anaphylactic)

Yes

No

Heart condition

Yes

No

Anorexia/Eating disorder

Yes

No

Joint/Muscle/Bone Problems

Yes

No

Asthma

Yes

No

Mental Health Issue

Yes

No

Bleeding disorder

Yes

No

Migraines

Yes

No

Blackouts/Dizziness/Fainting

Yes

No

Phobia

Yes

No

Diabetes

Yes

No

Sight impairment

Yes

No

Dietary Requirements

Yes

No

Sleep walking

Yes

No

Eczemas/Skin Conditions

Yes

No

Travel sickness

Yes

No

Epilepsy/Seizures

Yes

No

Others

Yes

No



If you have selected YES for any of the medical conditions outline above, please provide further details for each below.

Condition

Risk Level

low

medium

high

Description of symptoms and care instructions

Condition

Risk Level

low

medium

high

Description of symptoms and care instructions

Condition

Risk Level

low

medium

high

Description of symptoms and care instructions



Consent

I authorize the person in charge, to consent to medical or surgical treatment as may be deemed necessary for **my son/daughter**, where it is impracticable for prior communication with me and/or the emergency contacts. I agree that the details provided in this profile for **my son/daughter** are accurate to the best of my ability and that by sharing this profile I authorise the carers to rely on this information whilst **my son/daughter** is in their care.

Parent/Carer Signature:

Date: _____

Declaration for Roundwood Park School

I give permission to my son/daughter to be transported in a private vehicle by staff/volunteers supervising the visit if necessary

Yes

No

I confirm that all details on this form are correct and complete. I acknowledge the need for the child/young person to behave responsibly and I agree to the establishment's procedures in this respect.

Parent/Carer Signature:

Date: _____