

Covid-19 Partial Opening: Essential Data Collection

Child's Name:	
Date of Birth:	Year group:
Address:	

We must have three contact numbers. Please give details of those we can contact in an emergency. Place them in the order that you wish for them to be contacted.

	Name / Relationship	Home Address / Phone / Mobile	Work Address Phone / Email
1		Tel: Mobile:	Tel: Email:
2		Tel: Mobile:	Tel: Email:
3		Tel: Mobile:	Tel: Email:

Please contact the school if your child's medical information has changed.

If your child requires medicine during the day, please contact the school office. You will need to complete a new medications form.

I give permission for Hand Cream my child has brought in to be used (labelled and brought into school and left in box for individual use)

Signed:

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Home time arrangements

- ☐ Collected by parent
- ☐ (Y6 child only) is allowed to walk home from school alone.
- ☐ Collected by the following named adult(s)

Signed:

Date:

Please email the information by return. An electronic signature is fine.

Thank you.