



# TREFONEN C of E SCHOOL

## PERSONAL DETAILS

Child's Name ..... Date of Birth ..... M  F

Address .....

..... Post Code ..... Tel No. ....

Address of other parent of different .....

.....

Date of Admission ..... Admission Number .....

Previous School ..... Tel No. ....

Mother's Maiden Name: ..... Tel No. ....

Mobile No. ....

Father's Name ..... Tel No. ....

Mobile No. ....

### Alternative contacts:

Name ..... Name .....

Address ..... Address .....

.....

Post Code ..... Post Code .....

Doctor's Practice ..... Tel No. ....

Health .....

Asthmatic  Vegetarian  *please tick either box if applicable*

Languages spoken/written .....

Religion .....

Transport arrangements .....

Any other relevant information .....

Allergies .....

## TREFONEN C of E SCHOOL PARENTAL CONSENT FORM

### EDUCATIONAL VISITS AND SCHOOL JOURNEYS

#### FORM OF GENERAL INDEMNITY AND MEDICAL CONSENT

Please read the following carefully and tick the appropriate boxes.

I give consent to my daughter/son .....  
taking part in normal school activities organised to take place outside the school premises,  
including local educational visits.

I consent to medical or such surgical treatment deemed necessary by a qualified medical  
practitioner or to first aid being administered in the case of my daughter/son if an emergency  
should occur at a time when my consent to the particular treatment cannot otherwise  
reasonably be obtained.

I give consent for my child to be photographed by the school or local media at sporting and  
other special events for marketing purposes, which may include publication on the school web-  
site.

I give consent to my daughter/son to participate in educational/activities which involve  
the handling, preparation and eating of food.

Signed ..... Parent/Guardian

Date .....

Please note. This parental consent form does not preclude the need to seek a parental consent  
on the occasion of non-local visits or activities which are above and beyond 'normal school  
activities'. See 'Regulations and Guidelines for Educational Visits and Journeys' – Shropshire  
Council.

#### NAME AND ADDRESS OF ANY PARENTS

The name and address of every person known to be a parent of the pupil should be included;  
against the entry must be shown details of any parent who has custody of the pupil, ie. An  
indication of that fact and a note of at least one telephone number at which the parent can be  
contacted in an emergency.