

Please use a **Black Pen**, as this form needs to be photocopied.

# Magdalen Court School

## Pupil

Forenames: .....

Surname: ..... Date of Birth: .....

Religious Den.: ..... **Pupils**  
Mobile No: .....

E-Mail Address: .....

NHS No: ..... Passport No: .....

## 1st Parent/Guardian (main school contact)

Title: ..... Name: .....

Relationship: ..... Profession: .....

Mobile No: ..... Work No: .....

E-Mail Address: .....

## 2nd Parent/Guardian

Title: ..... Name: .....

Relationship: ..... Profession: .....

Mobile No: ..... Work No: .....

E-Mail Address: .....

## Home details: (Which Parents/Guardians reside at this address: 1st, 2nd, please circle above)

Address: .....

.....

..... Post Code: .....

Home Tel: .....

## Special dietary requirements

If you son/daughter has any please give details: .....

.....

## Medical details: (These are VERY important, please ensure we have ALL the information)

Doctors Name: .....

Medical Surgery: : .....

Address: .....

..... Post Code: .....

Surgery Tel. No: .....

Any known allergies. ....

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Asthmatic YES / NO

## May the school give your child:

- Paracetamol YES / NO
- Other pain relief, please specify: .....
- Plasters for cuts/grazes YES / NO

## Please state any other medical conditions you feel the school should be aware of:

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## Any medication your child needs to take in school, must be:

- Handed to the office
- Supported by written instructions by your GP preferably.
- Written permission for the school to administer the medication.

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## School Insurance

The school takes out appropriate specialist school policies to cover third party & medical claims for pupils & school employees. However some parents take out additional personal insurance separate to the schools to provide financial reimbursement for injuries above medical costs & to cover pupils personal belongings. The school does not provide such additional insurance or undertake to take out policies for parents, however we can point you in the direction of firms recommended by other parents. Details of the schools insurance policies are available upon request.

## School trips:

The school runs a lot of trips off school premises; Museums, Theatre, National Trust properties, Library, Local parks, sports fixtures, swimming lessons etc. Those trips within SW & of the above nature, we would like to save sending a consent letter home for every trip, so we are asking for your global permission now for such trips. Special trips which are further away, involve spending a night away or undertaking adventurous activities, or having increased risk in some other way, we will send you a dedicated letter and permission slip.

Please be aware that one of the most hazardous activities schools undertake is taking groups of school children on local visits, & it is the travelling to & from the event which is often the greatest hazard.

If you are happy for your child to undertake these trips with the school, please sign below:

Signature of Parent/Guardian: ..... Date: .....

## Swimming:

Can your child:

- Swim 25m YES / NO
- Confident in the swimming pool YES / NO
- Confident in open water; Sea or River YES / NO
- Safety conscious in water YES / NO

Do you give your consent for your son/daughter to take part in school swimming activities: lessons in the swimming pool, water sports under the guidance of appropriately qualified staff, etc.

Signature of Parent/Guardian: ..... Date: .....

Last school attended: .....

Town / County: ..... / .....

## Photographs

The school records many aspects of the school day on camera (still & video), these are used for; pupils school work, feedback, presentations, displays, etc. A small number are also used to advertise the school. Many pupils take home a photo CD album of the school year/trip.

Do you give us permission to:

- Take & file photos of your child; YES / NO
- Use photos of your child to publicise the school; YES / NO

Other information you feel the school should know: (please continue on separate page if needed)

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Please inform the school (in writing) as soon as possible, of any changes to the above information.

I hereby sign this form indicating; that the information supplied is correct. I agree to my son/ daughter receiving emergency medication/treatment; dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

A full term's notice is required for the withdrawal of a pupil or one term's fees in lieu. The head reserves the right to request withdrawal of a pupil.

For new pupils, this confirmation of entry to the school requires a registration fee of £50. This is deducted from the first term's fees.

Signature of Parent/Guardian: ..... Date: .....

Print Name: .....