



BRIDGES - CONTACT INFORMATION FORM 16-17

Child's Name:..... Date of birth:.....

Sex:..... Religion:..... Ethnic Origin:.....

Child's First Language:..... Disabled: YES / NO

Home Telephone:..... Mobile:.....

Home Address:

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

Mother's Name:..... Place of Work:..... Work Tel No:	Father's Name:..... Place of Work:..... Work Tel No:
Emergency Contact Name: Address:..... Tel: Relationship to Child:.....	Family Dr's Name:..... Surgery:..... Tel No: Should it not be possible to contact you in an emergency, do you agree to allow the supervisor to take action and make decisions on your behalf, acting on expert medical advice? <div style="text-align: right;">YES / NO</div>

Essential Medical Information:.....

.....

Any Special Dietary Requirements:.....

Date of Last Tetanus:.....

Please supply the names of all the people that are authorised to collect your child(ren);

Name:	Relationship to Child	Contact Numbers:

Do you agree to allow your child to be taken on short trips by the staff of Bridges (e.g. park or shops)? YES / NO

Do you give permission for your child's photograph to appear in newspaper articles relating to Bridges? YES / NO

Do you give permission for your child's photograph to appear on the school's website? YES / NO

I understand that any carer who suspects that a child in his/her care may have been abused or neglected, has a duty to report this to the Social Services Department. Please refer to Contract Booklet for further information.

Signed Parent/Carer Date: