



Hilltop Infant School

Child's Name: **Class:**

Address:

Mobile Number for texting:

Details of Parents/Carers

(The Children's Act 1989 requires us to keep a record of the name and address of all people with Parental Responsibility for the child.)

Mother's/Carers Name:
(including title)

Occupation:

Address:

Contact Numbers:

Home:

Work:

Mobile:

Email:

Father's/Carers Name:
(including title)

Occupation:

Address:

Contact Numbers:

Home:

Work:

Mobile:

Email:

Any other adults who live at the child's address:

Name:

Relationship:

Contact Numbers:

Home:

Work:

Mobile:

Name:

Relationship:

Contact Numbers:

Home:

Work:

Mobile:



Hilltop Infant School

Emergency Contact Details:

Name:

Relationship:

Contact
Numbers:

Name:

Relationship:

Contact
Numbers:

Name:

Relationship:

Contact
Numbers:

Name:

Relationship:

Contact
Numbers:

Health

Name of family medical
surgery (Doctor):

Telephone Number:

Address:

Does your child have any medical problems or allergies?: Yes / No
If 'yes' please specify:

.....
.....
.....

If necessary may we use sticking plasters: Yes / No

Signed: Parent/Guardian

Date: