

ORMISTON ENDEAVOUR ACADEMY – SICKNESS/ACCIDENT INFORMATION SHEET

There are occasions when a student may be ill at school or whilst on a school visit and we need to contact parents urgently. Please fill in this form to assist us, should such circumstances arise.

STUDENT NAME _____ TUTOR GROUP _____

DATE OF BIRTH _____ HOUSE _____

A Parent(s)/guardians(s) with whom child is living – please give full details

Name 1 _____

Name 2 _____

Address _____

Address _____

Home telephone number _____

Home telephone number _____

Mobile telephone number _____

Mobile telephone number _____

E.mail address _____

Non-urgent Contact Preference: E.mail/Text (please delete)

B Relative or friend who could be contacted in an emergency or if you were not available

Name _____

Address _____

Phone number _____

Mobile number _____

C Workplace of parent(s)/guardian(s)

Mother _____

Father _____

Telephone number _____

Telephone number _____

D Name and address of Doctor

Name _____

Address _____

Surgery telephone number _____

Your child's National Health Number _____

F Does your child suffer from any medical condition/allergy the school should know about? If so, please give details below:
