



**Greenfields Specialist School for Communication  
STUDENT EMERGENCY FORM**



**Student's name:**

**Date of Birth:**

**Parent/Carer:**

**Religion:**

**Address:** **Tel No.**  
  
**Postcode:**

**Work Tel No.**

**Mobile Tel. No**

**Emergency Contact:**  
**Name:** **Tel. No.**  
**Address:**

**Do you have your own transport during school hours? Yes/No**

**Social Worker:**  
**Tel No.**

**GP: Name:**  
**Address:** **Tel. No.**

**If female does your child menstruate? Yes/No**

**Consultant: Name:** **Tel. No.**  
**Address:**

**Does your child suffer any allergic reactions? Yes/No**  
*Please give details*

**Immunisations:**

	Date		Date
Polio		M.M.R	
Anti-tetanus		T.B.	
Diphtheria		Meningitis	

**Does your child suffer from any skin conditions that might prevent swimming/hair washing/showering? Yes/No**  
*Please give details*

**Medication:**


**Does your child have any special dietary needs Yes/No**  
*Please give details*

**Any other relevant information:**

**Signed:**  
  
**Parent/carers Date .../.../.....**