



# Bhylls Acre Primary School

## Individual Pupil Profile



### Child's Details

Please Print Clearly using a **blue or black pen**

Child's name:

Date of Birth:

**Please provide your child's Birth Certificate to the school.**

Birth Cert seen in school? Yes      No

Gender:

Ethnicity:

Language:

Religion:

Is your child a twin or triplet (one of multiple birth): Yes      No

*(If yes, please provide the names of related applications)*

Address:

Post Code

### Parent/Carer Information

Please include emergency contact details (at least one)

Full Name	Relationship to child	DOB	Contact number	Email	National Insurance Number	Same address as child

### Medical Information

My child has a medical condition: Yes      No      *(If yes, please provide details below)*

**Diabetes** Yes      No

**Epilepsy** *If yes, has your child had any seizures in the past 12 months* Yes      No

*If the answer is yes, please provide a short explanation:*

**Allergies** *causing a life-threatening response which needs immediate medical care such as adrenaline given by school staff*

Allergic to:

**Allergies** *causing a mild response which may need prescribed medication to be administered by school staff*

Allergic to:

**Respiratory Conditions** *which may require emergency medical care at school e.g., Asthma*

Yes      No      *(If yes, please provide details)*

If yes has your child need emergency medical care in the past 12 months Yes      No      *(If yes, please provide further details)*

**Dietary requirements or restrictions** *due to allergy, religion, or personal choice that staff should be aware of*

**Physical restrictions or requirements** activities that should be avoided and staff need to be aware of

**Medication** does your child carry medication or need medication storing safely in school Yes No

Has your child been admitted to hospital during the last 12 months Yes No  
if the answer is yes, please provided a short explanation below

**Other medical conditions** Any condition which has occurred since birth that maybe beneficial that school is aware of such as premature birth, heart condition, blood disorders, immune system disorder, or other serious chronic conditions which need attention.  
Yes (please give details) No

I give parental consent for the emergency use of:

Antihistamine		Paracetamol		I understand that the dosage will be recorded, and I will be informed at the earliest possible convenience
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I have read the intimate care policy and agree for my child to be changed in school if and when necessary

I have read the moving and handling policy and give permission to school to provide appropriate safe moving and handling care for my child.

I give parental consent for my child's image to be used:

School newsletter		School Website		School Prospectus		Class Dojo	
Newspaper		Social Media					

*The purpose of this form is to enable the parent or carer of a child to make the school aware of any medical conditions the child has, that they may be affected by, or that might prevent him/her from engaging in any pupil activities. All information supplied on this form is to be regarded as strictly confidential and shall be made available only to appropriate person as deemed necessary by school leadership and administration. PLEASE NOTE THE RESPONSIBILITY LIES WITH THE PARENT/CARER TO ADVISE THE SCHOOL IF ANY CHANGE OCCURS IN THE MEDICAL OR PHYSICAL CONDITION OF THE CHILD OR CHANGES TO ANY OF THE ABOVE CONTACT DETAILS.*

*I agree for my child to be treated at school by trained first aiders should he/she require, for minor playground incidents. I understand that in my absence in the case of serious injury a trained medic will be called by means of 999.*

*I have read and understand that should my child attend the Nursery and partake in the lunchtime wrap around provision, that there will be a charge £5.00 per lunch time session, in addition any school meals provided will be at a cost of £2.65, as detailed in the Nursery prospectus. If you wish to collect your child to have lunch at home and return them for the afternoon session, that is also a viable option, Prior notification of your intent to do this would be required, so we can assure the correct lunch orders.*

Name of Parent/Carer completing form: \_\_\_\_\_

Signature of parent /carer \_\_\_\_\_ Date \_\_\_\_\_