



Oaker Wood medical and emergency contact details

Name of child	
Date of birth	
Emergency contact name	
Emergency contact number	
<input type="checkbox"/> I give consent for my child's photo to be used in the school website	
<input type="checkbox"/> I give consent for my child's photo to be used on the school Facebook page	
<input type="checkbox"/> I give consent for Oaker Wood to use my child's photo on their website and social media pages	

Medical		
Medical details	Medication	Dosage and administration details (Including times)
Allergies/Sensitivities		
Name and address of GP		

Dietary requirements

Additional concerns to disclose