

**Foxyards Primary School  
Astley Burf Residential**

<b>Name of Child</b>			
<b>Address</b>			
<b>Home Telephone Number</b>			
<b>Works Telephone Number</b>	<b>Mom</b>		
	<b>Dad</b>		
<b>Mobile Number(s)</b>	<b>Mom</b>		
	<b>Dad</b>		
<b>Other Contact Numbers</b>	<b>Number</b>	<b>Relation to Child</b>	
<b>Special medical/dietary requirements</b>			
<b>Any additional information</b>			
<b>Calpol</b> I give permission for my child to be given Calpol should it be required.		<b>Yes</b>	<b>No</b>
<b>Piriton</b> I give permission for my child to be given Piriton should it be required.		<b>Yes</b>	<b>No</b>

**Signed** ..... **Parent/Guardian**