

**CHILDREN CHURCH SCHOOL OF THE CATHEDRAL OF DORMITION
APPLICATION FORM**

Pupil detail:

Forename, surname _____

Date of birth: _____

Home address: _____

Postcode: _____

Afterschool club: artclass, choir

Name of applicant:

Title: Mr/Mrs/ Miss/ Ms etc

Forename, surname: _____

Telephon No _____

Email address: _____

Your relationship to pupil: mother, father, Foster Parent, Step-parent, other

Medical Conditions:

Please list any medical conditions of the pupil (asthma, diabetes, epilepsy, etc.):

List any allergies or allergic reactions to medications of the pupil:

Emergency Contacts

Parent or Guardian

Name (first, middle, last): _____

Daytime Phone : _____

Other Contact

Name (first, middle, last): _____

Phone: _____

Relationship: _____

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the school/parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, _____ [parent/guardian], understand that in the case of illness or injury to my child, _____ [child's name], the school/parish will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school/parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian _____

Date _____