

# IPS - Child Information Record



All forms must be completed before any child is accepted at IPS

CHILD DETAILS	
Name: _____	
Surname: _____	Male / Female
Date of Birth: _____	Child's First Language: _____

PRIMARY CARER - 1	
Relationship to Child _____	
Name: _____	Address: _____
Surname: _____	_____
Home Tel No: _____	Mobile Tel No: _____
Emergency Contact: <b>Yes / No</b>	Email address*: _____
	<small>*This email address will be used for all correspondence, including invoices.</small>

PRIMARY CARER - 2	
Relationship to Child _____	
Name: _____	Address: _____
Surname: _____	_____
Home Tel No: _____	Mobile Tel No: _____
Emergency Contact: <b>Yes / No</b>	Email address: _____

PERSON/S AUTHORISED TO COLLECT YOUR CHILD IN ADDITION TO THOSE LISTED AS PRIMARY CARER/S	
1. Name: _____	
Relationship to Child _____	
2. Name: _____	
Relationship to Child _____	

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## EMERGENCY MEDICAL TREATMENT

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's doctor (name, address, phone number) : \_\_\_\_\_  
\_\_\_\_\_

## MEDICAL TREATMENT CONSENT FORM

I give my consent to International Primary School, Belgrade, to seek emergency medical advice or treatment for my child \_\_\_\_\_ (child name) and/or to take my child to the nearest Accident and Emergency Unit to be examined, treated or admitted as necessary, on the understanding that every attempt will be made to contact me or I have been informed and/or on my way to the hospital. A member of staff from IPS will accompany my child and stay with them until my arrival.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

## HEALTH AND MEDICAL

Any Health or Medical Conditions / Allergies: \_\_\_\_\_  
\_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_  
\_\_\_\_\_

**Please provide a copy of your child's immunization record. Your child's enrollment is not complete until this is received!!**

I give consent for my child to be photographed for medical and dietary requirements (if applicable) Yes

I will administer a high factor, high quality single use sun cream for day long protection. Yes

In the event of a cut or graze, I agree for first aid plasters to be used. Yes

Additional information about your child that you would like staff to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## PARENT CONSENT

Name of child: \_\_\_\_\_

## PHOTOGRAPH'S USING IPS CAMERA / IPAD

I give consent for my child to be photographed for:

\* Internal use in school (displays, planning and key person files).

Yes  No

\* Internal use in school, advertising and information leaflets, IPS website,  
IPS social media accounts (without any other personal identifiers).

Yes  No

\* I DO NOT wish my child to be photographed.

DO NOT

## OFFSITE PERMISSION

I give permission for my child to be taken for local walks outside the school  
premises by IPS staff.

Yes  No

## NOTES

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_