



*Curragh Girls National School*  
*Curragh Camp*  
*Co. Kildare*  
*Telephone: (045) 441458*

**Child and Family Details Form**

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Nationality of Child: \_\_\_\_\_

Religion (if any) \_\_\_\_\_

Last school attended  
(if any) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's PPS Number: \_\_\_\_\_  
(Your child's PPS Number can be obtained by phoning the following number: 01 7043281)

Father's Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Nationality of Parents: \_\_\_\_\_

**Who may be contacted in an emergency if parents are not available  
(Not your own number)**

Name and Address \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Family Doctor**

Name and Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Medical History (any illness, disability or allergy suffered by the child)**

\_\_\_\_\_

\_\_\_\_\_

Do you wish your child to make her First Holy Communion & Confirmation?

Do you give the school permission to administer First Aid?

Do you give permission for your child to take part in the following:

Stay Safe Programme

RSE Programme

Walk Tall Programme

Do you give permission for the school to give your child's name and address to S.W.A. Health Board re boosters/eye/ear testing?

Does any legal order under family law exist that the school should know about?

Name of any person into whose custody the child should not be given:

\_\_\_\_\_

I/We, parent/guardian of \_\_\_\_\_ give permission to the Principal and Staff of the Curragh Girls National School, Curragh Camp to act on my/our behalf in case of emergency or accident and to take such action as may be necessary for the benefit of my child. This decision to be taken by the person in charge at the time of the emergency.

Is your child	Right handed	<input type="checkbox"/>
	Left handed	<input type="checkbox"/>

Parent / Guardian Signature: \_\_\_\_\_

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

**Please enclose your child's birth and baptismal certificates  
(if available) for our records, these will be copied and  
returned to you.**