

St Mary's RC Primary School – 2017/2018 Emergency Contact Form

Child's Surname:

Boy Girl

Child's Forename (s):

Date of Birth:

Child's main Home Address

(please include postcode)

Home Telephone No:

For office use only:

Noted in file:

Details changed on system:

Initials & Date.....

If your child is unwell we will try contacting the person(s) with parental responsibility first * – this could be parent, carer, guardian or foster parent. If the person(s) with parental responsibility are unavailable, we may need to contact someone else who could look after your child. Please help us by giving as much information as possible:

Contact details of persons with parental responsibility for child:

1) Full Name(s) Relationship to child

Full Address (if different from home address above)

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.....
.....

Home Telephone No

Work Telephone No

Mobile Telephone No

E-mail address

2) Full Name(s) Relationship to child

Full Address (if different from home address above)

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Home Telephone No

Work Telephone No

Mobile Telephone No

E-mail address

YOUR UNIQUE PASSWORD FOR COLLECTION OF YOUR CHILD IS:

Please give details of other contacts who you have given permission to use the password to collect your child:

3) Full Name(s)

Relationship to child

Home Telephone No

Work Telephone No

Mobile Telephone No

4) Full Name(s)

Relationship to child

Home Telephone No

Work Telephone No

Mobile Telephone No

MEDICAL

Dr's Name:

Surgery Address:

Does your child has any medical problems i.e. Asthma, Eczema, Diabetes, Epilepsy, Fainting, Food allergies etc,

YES NO If YES, please give details:

Does your child take or need any regular medication i.e. an Inhaler YES NO

If YES, please state name of medication and dosage:

N.B. St.Mary's Medication policy states that before medication is administered in school, parents /carers must complete a 'Request to Administer Medication' Form (available from the school office)

PLEASE NOTE THAT IT IS THE PARENT/CARER'S RESPONSIBILITY TO KEEP THE SCHOOL INFORMED OF ANY CHANGE IN CONTACT DETAILS OR CIRCUMSTANCES AND TO ENSURE ALL PERSONS WHO MAY COLLECT YOUR CHILD ARE NAMED ABOVE. SCHOOL WILL NOT ALLOW ANY CHILD TO BE COLLECTED BY ANYONE NOT NAMED ON THIS FORM AS A CONTACT AND/OR WHO DOESN'T GIVE THE CORRECT PASSWORD.

Parent/Carer's Signature

Date: