

Emergency Contact Form (PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE)

Pupil Information			
Legal Surname		Legal Forename	
Preferred Forename		Middle Name(s)	
Date of Birth	Male	Female	
Home Address			
Postcode	Home Tel No.		
Family Information (*Plea	se indicate the order	that you wish carers to be contacted in an emergency	
Parent/Carer (*Priority No.)		
Title Forename	Surnamo	e	
Address (if different from above)			
		Postcode	
Home Tel No.		Mobile Tel No	
Work Tel No.	Email		
<u>Parent/Carer</u> (*Priority No	,		
		Surname	
		- Curiame	
		Postcode _ Mobile Tel No	
Emergency Contact Details	(To be weed if Devent		
Emergency Contact Details			
		Postcode	
)	
Relationship to child (e.g. grandpare	nt, friend, neighbour) _		
Siblings (Names of any sibling	s currently of school a	age and the school which they attend, if applicable)	

Parental Responsibility		
This is defined in law as being all by law a parent of a child has in r		rs and responsibilities and authority, which is/her property.
Parents with parental responsibili	ty include the following:	-
		the time of birth, or they got married after ponsibility is only lost through adoption or
c) The father if the parents were	not married at the time	of the child's birth, but only
i) Through a court orderii) By agreement with the mother(not just any form of agreement)	er under a prescribed for	m of agreement under the Children Act
iii) By acquisition of parental res	ponsibility by being regis	stered or re-registered as the child's father
e) The child's appointed guardia	an or the child's adoptive	the court for the duration of that order. parents.
f) A local authority if the child isg) Anyone else granted parenta		ourt order.
Name(s) of all persons with pa	rental responsibility for	r your child
EMERGENCY CONSENT - Ple Calpol/Travel Sickness medication YES or NO (Please tick)		u give consent to your child receiving n school trips.
SPECIAL DIETARY ARRANGE	MENTS (Please tick all t	hat apply)
Vegetarian	No Pork	
No Dairy	Gluten Free	
No Nuts	Seafood Allergy	
Any other (please specify)		
Does your child currently have a	Special Medical Diet in	place with the School Meals Provider?
YES or NO		
Please note w	e may share this information with	the school meals provider.
Parent/Carer Name		Date
Parent/Carer Signature		

Please ensure you complete both sides of this form and kindly inform the school, in writing, of any future changes to this information. Thank you.