Alexandra Primary School – Emergency Contact Form

To help the school keep their records up to date - Please complete this form immediately – Thank You!

Childs Details

First Name:	**Middle Name:**	**Surname:**
D.O.B:	**Boy/Girl:**	**Class:**

Full Address: **Post Code:**	**Ethnic Origin:**	**Nationality:**
	Country of Birth:	**First Language:**
	Religion:	**Languages spoken at home:**

Parents/ Carers Details (Please give at least 2 adults as contacts if possible)

(1) First/ Main Contact	**(2) Second Contact**
Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐
First Name: Surname: Relationship to child:	First Name: Surname: Relationship to child:
Address (if different to child's):	Address (if different to child's):
Mobile Number: Home Number:	Mobile Number: Home Number:
Email:	**Email:**
Place of Work: Work Number:	Place of Work: Work Number:

Name of Person with whom your child lives if different to above: Relationship to child:		
If you are separated who has parental responsibility and who does the child live with?	Mother ☐	Father ☐

WE WILL BE ADDING ALL PARENTS' CONTACT DETAILS TO OUR SCHOOL MESSAGING DATABASE UNLESS YOU TELL US OTHERWISE IN WRITING.

Please ensure that you update your contact details each time you change your mobile number or email address

We must have three other names and numbers of people that we can contact in case of an emergency- this is important and needs to be completed and should be different to the above information.

1. Name:	Number:	Relationship to child:
2. Name:	Number:	Relationship to child:
3. Name:	Number:	Relationship to child:

By providing these details, you are agreeing that you have the consent of these people to share their contact details.

Please turn over

Medical

Child's Doctor & Address:	Doctor's Telephone: NHS Number:

If your child is an asthma sufferer, please ensure that they have an inhaler in school which will be kept in the medical room.

Vaccinations: (please tick below)		Dietary Needs: (Please include Vegetarian/Halal or any food allergies)
Tetanus	☐	
Whooping Cough	☐	
MMR	☐	
Medical Information – Condition/History: (Please include asthma/ eczema/ or regular medication)		**Medical Allergies:**

Parental Consent

Please indicate below if you give permission for your child:	YES	NO
to participate in local, off-site school trips/activities	☐	☐
to receive first aid or urgent medical treatment during any off-site school trips/activities	☐	☐
to visit places of worship	☐	☐
Please indicate below if you give permission for the school:	**YES**	**NO**
to use your child's photograph/video e.g. on school premises, school publications, school website.	☐	☐
Other external publications such as newspapers, television etc.	☐	☐

Names of Adults Allowed to Collect your Child **Relationship to Child (eg. Aunt/Childminder)**

To be completed by parents of Year 5 and 6 children

My child arrives and leaves school ALONE on the following days:
Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

My child arrives and leaves school with an ADULT ☐

It is important to fill in all details as requested in this form.
Please let the school know IMMEDIATELY of any changes to the above information.

Parent Signature:---------- Date:----------

Under the General Data Protection Regulation (GDPR) we are collecting this data so that the school, as a public authority, can carry out its official functions. This data will be shared in accordance with our Privacy Notice which can be found on our website.