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:		Ethnic Origin:			Nationality:			
		Country of Birth:			First Language:			
		Religio	n:		Languages sp	oken at ho	me:	
Post Code:								
Parents/ Carers Details (Please give at least 2 adults as contacts if possible)								
(1) First/ Main Contact			(2) <u>Second Contact</u>					
Mr Mrs Miss M	s Dr		Mr	Mrs	Miss	Ms	Dr	
First Name:		First Name:						
Surname:			Surname:					
Relationship to child:			Relationship to child:					
Address (if different to child's):			Address (if different to child's):					
Mobile Number:			Mobile Number:					
Home Number:			Home Number:					
Place of Work:			Email: Place of Work:					
Work Number:			Work Number					
WORKHAIIDET.								
Name of Person with whom your child lives if different to above: Relationship to child:								
If you are separated who has parental responsibility who does the child live with?			Moth	ner	Father			
WE WILL BE ADDING ALL DADENTS! CONTACT DETAILS TO OUR SCHOOL MESSAGING DATABASE LINESS VOLUTELLING								
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:			Re	Relationship to child:			
2. Name: Number:				Re	Relationship to child:			
3. Name:	Number:				elationship to ch			
By providing these details, you are agreeing that you have the consent of these people to share their contact details.								

Medical					
Child's Doctor & Address:	Doctor's Telephone:				
	NHS Number:				
	that they have an inhaler in school which will be kept in edical room.				
Vaccinations: (please tick below)	Dietary Needs: (Please include Vegetarian/Halal or any				
Tetanus Wheening Cough	food allergies)				
Whooping Cough MMR					
Medical Information – Condition/History: (Please include asthma/ eczema/ or regular medication)	Medical Allergies:				
Parental Consent	1				
Please indicate below if you give permission for you	ur child: YES NO				
to participate in local, off-site school trips/activities					
to receive first aid or urgent medical treatment durin	ng any off-site school trips/activities				
to visit places of worship					
Please indicate below if you give permission for the school:					
to use your child's photograph e.g. on school premis	es, school publications, school website				
Other external publications such as newspapers, tele	evision etc.				
Names of Adults Allowed to Collect your Child	Relationship to Child (eg. Aunt/Childminde				
To be completed by My child arrives and leaves school <u>ALONE</u> on the following da Monday Tuesday Wednesday Thursday Friday	parents of Year 5 and 6 children Ys: My child arrives and leaves school with an ADULT				
• • • • • • • • • • • • • • • • • • •	details as requested in this form. ELY 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.