

ELTON PRIMARY SCHOOL EMERGENCY CONTACT INFORMATION

Please complete one form for each child

Return the completed form to school as soon as possible. The information will be held on computer in accordance with the Data Protection Act and will be used to contact you where this is necessary.

It is important that you update us with any changes as they occur throughout the year

CHILD'S DETAILS

SURNAME: _____ FORENAMES: _____

ADDRESS: _____

_____ POST CODE: _____

DATE OF BIRTH: ____/____/____ MALE or FEMALE: _____

BROTHERS/SISTERS (ALREADY ATTENDING ELTON PRIMARY SCHOOL)

Name(s): _____

EMERGENCY CONTACTS (IN ORDER OF PRIORITY)

1. FULL NAME: _____ RELATIONSHIP TO CHILD: _____

TELEPHONE NUMBERS: _____

2. FULL NAME: _____ RELATIONSHIP TO CHILD: _____

TELEPHONE NUMBERS: _____

3. FULL NAME: _____ RELATIONSHIP TO CHILD: _____

TELEPHONE NUMBERS: _____

TEXT MESSAGING SERVICE NUMBERS

MOBILE ONE: _____ RELATIONSHIP TO CHILD: _____

MOBILE TWO: _____ RELATIONSHIP TO CHILD: _____

ANY MEDICAL/DIETARY INFORMATION WHICH YOU FEEL THE SCHOOL SHOULD BE AWARE OF INCLUDING MEDICATION REQUIRED ON A REGULAR BASIS (e.g. asthma, food allergies)

Please attach an additional sheet if necessary

ANY OTHER INFORMATION WHICH YOU FEEL THE SCHOOL SHOULD BE AWARE OF

MEDICAL PRACTICE INFORMATION

DOCTOR'S NAME: _____ ADDRESS: _____

_____ TELEPHONE NUMBER: _____

PARENTAL RESPONSIBILITY

FULL NAMES OF PARENTS/GUARDIANS INCLUDING TITLE (i.e. Dr, Mr, Mrs, Ms, Miss)

ADDRESS: _____

POSTCODE: _____ HOME TELEPHONE NUMBER: _____

FULL NAMES AND ADDRESS OF ANY OTHER PERSON WITH PARENTAL RESPONSIBILITY

(e.g. estranged/former spouse)

NAME: _____ ADDRESS: _____

_____ POSTCODE: _____

ETHNIC ORIGIN OF PUPIL

Please tick which best describes your child's ethnicity

White – British		White Irish		White – Any Other Background	
Mixed – White and Black Caribbean		Mixed – White and Black African		Mixed – White and Asian	
Mixed – Any Other Background		Asian/Asian British – Indian		Asian/Asian British – Pakistani	
Asian/Asian British – Bangladeshi		Asian/Asian British – Any Other Background		Chinese	
Black/Black British – Caribbean		Black/Black British – African		Black/Black British – Any Other Background	
Any Other Ethnic Group		Prefer not to say			

FIRST LANGUAGE

Please indicate your child's first language if this is not English _____

METHOD OF TRAVEL TO SCHOOL

Please tick one box only showing most frequent

Car/Van Bus Walk Other (please specify)

PHOTOGRAPH/DVD PERMISSION

Please tick if you give your consent for your child to be included in the following:

Photographs on school website (excluding names)

DVDs of School Productions

Photographs used in local press (possibly including name and age)

EMERGENCIES

Please indicate your consent by ticking the appropriate box.

I consent to my child being given First Aid

I consent to a Doctor/Ambulance being called for my child if necessary

Signed: _____ Relationship to Child: _____

Date: _____