

Emergency Contact Form & Information

The information on this form will be placed in our Management Information System and will not be shared with third parties. If any details change over time, please inform the school office.

Child's Full Name		Date of Birth	
Name of parent/carer 1		Name of parent/carer 2	
Relationship to child		Relationship to child	
Address		Address	
Home Telephone		Home Telephone	
Mobile Telephone		Mobile Telephone	
Company Name & Telephone		Company Name & Telephone	
Email		Email	
Who does your child live with?			
Please list below alternative contact(s) name, address & telephone number			
Contact 1			
Contact 2			
Contact 3			
Person responsible for collecting child & contact number			
Doctor's Name & Address		Doctor's Telephone	
Other Medical Information (eg does your child suffer from Asthma, wear glasses etc)			
Medication		Allergies (if any)	
Special Needs		Food dislikes or intolerance	
Meal arrangement (please tick)	School Dinners <input type="checkbox"/>		Sandwiches <input type="checkbox"/>