



# All Saints C of E (VA) Primary School

## Emergency Contact Information

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_ Class \_\_\_\_\_

Full names of parents or carers \_\_\_\_\_

Home address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_ I am/we are happy to be contacted by email **Yes/No**

**Mother's name** \_\_\_\_\_ daytime number \_\_\_\_\_

Mobile number \_\_\_\_\_ Days/hours of work (if applicable) \_\_\_\_\_

**Father's name** \_\_\_\_\_ daytime number \_\_\_\_\_

Mobile No \_\_\_\_\_

Home address if different from above \_\_\_\_\_

Days/hours of work (if applicable) \_\_\_\_\_

**Additional Emergency Contacts, other than above, in case of sickness, accident.**

*We always endeavour to contact parents first.*

**Contact 1:** Name: \_\_\_\_\_ Relationship to pupil \_\_\_\_\_

Address: \_\_\_\_\_ Tel No. \_\_\_\_\_

\_\_\_\_\_

**Contact 2:** Name: \_\_\_\_\_ Relationship to pupil \_\_\_\_\_

Address: \_\_\_\_\_ Tel No. \_\_\_\_\_

\_\_\_\_\_

**Any other relevant information – e.g. allergies, medical condition, regular medication.**

**I will inform the school if there are any changes to the above information and understand that it is my responsibility to do so, especially in the event of any new medical condition or allergy being diagnosed.**

**Signed** \_\_\_\_\_ **parent/guardian** **Date:** \_\_\_\_\_