

ST JOHN THE BAPTIST PRIMARY SCHOOL, COLWICK
EMERGENCY CONTACT FORM – September 2021

Child's Full Name: Date of Birth:

Address:

..... Post code:

Home Telephone Number:

Email Address:

Child's position in the family (eg. girl with two younger brothers would be listed as G B B)

.....

Name of Brothers and Sisters at St John's

Ethnicity:

Home Language: (please state if more than 1 language spoken)

Religion:

Please give details of all the medical conditions your child has (eg. Asthma, special diet, allergies and/or medically diagnosed special needs):

.....

If asthmatic does your child require an inhaler at school?

Doctor's Surgery: Telephone number:

For children starting school over the age of five, please state what school they previously attended

.....

Please list names of people to contact in case of emergency, in order of priority. PLEASE ALSO INDICATE WHICH OF THE LISTED CONTACTS HOLDS PARENTAL RESPONSIBILITY FOR THE CHILD. PLEASE ENSURE WE HOLD MAIN CARER(S) CONTACT DETAILS.

Please confirm which contact should receive texts & emails for our messaging service – Contact Number (If not stated this will default to contact number 1).

Parental Contact one

Name: MR/MRS/MS/MISS/other:

Address (if different from Child) :

Home telephone number: Mobile No:

Work Place: Work Telephone No:

Relationship to child: Parental Responsibility YES/NO

Parental Contact Two

Name: MR/MRS/MS/MISS/other:

Address (if different from Child) :

Home telephone number: Mobile No:

Work Place: Work Telephone No:

Relationship to child: Parental Responsibility YES/NO

Parental Contact Three

Name: MR/MRS/MS/MISS/other:

Address (if different from Child) :

Home telephone number: Mobile No:

Work Place: Work Telephone No:

Relationship to child: Parental Responsibility YES/NO

Parental Contact Four

Name: MR/MRS/MS/MISS/other:

Address (if different from Child) :

Home telephone number: Mobile No:

Work Place: Work Telephone No:

Relationship to child: Parental Responsibility YES/NO

Additional Information

If your child is ever dropped off or collected by a child minder or other child care provider please give the details below:

Name of Child minder/other child care provider

Contact Telephone no.

IMPORTANT INFORMATION

ALL AREAS OF THIS FORM MUST BE COMPLETED – if you are unsure and require help completing the form please speak to the school office staff.