



EMERGENCY CONTACT FORM

GDPR & DATA PROTECTION: All data collected on this form will be processed and controlled in line with current data protection legislation.

PUPIL NAME:	NAMES & DOB. OF SIBLINGS	
ADDRESS:	Name.....	DOB.....
	Name.....	DOB.....
	Name.....	DOB.....
D.O.B.	HOME TEL. NO.	
MOTHER'S NAME & MOBILE NO.	FATHER'S NAME & MOBILE NO.	
HAS YOUR CHILD PREVIOUSLY BEEN A LOOKED-AFTER CHILD OR ADOPTED FROM CARE? Y/N IF YES PLEASE PROVIDE DETAILS:		
ANY SHARED CUSTODY /SPECIAL ARRANGEMENTS?		
COLLECTION ARRANGEMENTS FOR END OF THE DAY (e.g. Link Club, collected by mum)		
DOES YOUR CHILD SUFFER FROM ASTHMA OR HAVE ANY ALLERGIES?		
<u>Emergency Contacts – Priority Order</u> (these contacts should live close enough to get to school in an emergency) 1. Name	* By completing this form I am confirming I have permission to share data from the person(s) listed below 3. Name	
Address	Address	
.....	
Tel. Nos.	Tel. Nos.	
Relationship to Pupil	Relationship to Pupil	
2.Name	4.Name	
Address	Address	
.....	
Tel. Nos.	Tel. Nos.	
Relationship to Pupil	Relationship to Pupil	