

# English Martyrs' RC Primary School – Emergency Contact Form

Child's Surname  Child's Forenames

First Language Spoken at Home

Date of Birth  Male / Female

Address

Post Code  Home Tel No

Child's Faith/Religion  No Religion (please tick)

Birth Certificate Provided *insert date*  *verified by*

Parental Responsibility 

<b>Mother</b>	<input type="checkbox"/>	<b>Father</b>	<input type="checkbox"/>
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**MOBILES MUST BE UPDATED AS NECESSARY AND SWITCHED ON FOR CONTACT**

**1st Contact in case of emergency:**

<b>Full Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Home Tel No</b>	
<b>Work Tel No</b>	
<b>Mobile No</b>	

**Relationship to child**  
Please tick one box only

<b>Carer</b>	<input type="checkbox"/>
<b>Father</b>	<input type="checkbox"/>
<b>Mother</b>	<input type="checkbox"/>

**2nd Contact in case of emergency:**

<b>Full Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Home Tel No</b>	
<b>Work Tel No</b>	
<b>Mobile No</b>	

<b>Carer</b>	<input type="checkbox"/>
<b>Child Minder</b>	<input type="checkbox"/>
<b>Doctor</b>	<input type="checkbox"/>
<b>Other family member</b>	<input type="checkbox"/>
<b>Other contact</b>	<input type="checkbox"/>
<b>Father</b>	<input type="checkbox"/>
<b>Mother</b>	<input type="checkbox"/>
<b>Other relative</b>	<input type="checkbox"/>
<b>Religious/Spiritual contact</b>	<input type="checkbox"/>
<b>Step parent</b>	<input type="checkbox"/>
<b>Social Worker</b>	<input type="checkbox"/>

**3rd Contact in case of emergency:**

<b>Full Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Home Tel No</b>	
<b>Work Tel No</b>	
<b>Mobile No</b>	

<b>Carer</b>	<input type="checkbox"/>
<b>Child Minder</b>	<input type="checkbox"/>
<b>Doctor</b>	<input type="checkbox"/>
<b>Other family member</b>	<input type="checkbox"/>
<b>Other contact</b>	<input type="checkbox"/>
<b>Father</b>	<input type="checkbox"/>
<b>Mother</b>	<input type="checkbox"/>
<b>Other relative</b>	<input type="checkbox"/>
<b>Religious/Spiritual contact</b>	<input type="checkbox"/>
<b>Step parent</b>	<input type="checkbox"/>
<b>Social Worker</b>	<input type="checkbox"/>

PLEASE COMPLETE ALL BOXES: -

**Ethnic origin**

**Mother's Occupation**

**Place of Work**

**Mother's Language**




**Father's Occupation**

**Place of Work**

**Father's Language**




**Does your child have any Special dietary requirements or needs  
YES/NO (If yes please give details)**

**Medical Information**

**Doctor's Surgery**

**Address**

**Tel No**

**Medical Information**

<b>White</b>	
<b>British</b>	
<b>Irish</b>	
<b>Traveller of Irish Heritage</b>	
<b>Gypsy/ Roma</b>	
<b>Any other White background Please state</b>	
<b>Mixed</b>	
<b>White and Black Caribbean</b>	
<b>White and Black African</b>	
<b>White and Asian</b>	
<b>Any other mixed background (Please state)</b>	
<b>Asian or Asian British</b>	
<b>Indian</b>	
<b>Pakistani</b>	
<b>Bangladeshi</b>	
<b>Any other Asian background (Please state)</b>	
<b>Black or Black British</b>	
<b>Caribbean</b>	
<b>African</b>	
<b>Please state</b>	
<b>Any other Black background Please state</b>	
<b>Chinese</b>	
<b>Any other ethnic background Please state</b>	

**I will notify school of any changes to the information I have given above which I understand will be held in the strictest confidence.**

**Signed**

**Date**