



All Saints' C of E Primary School,  
3-19 Hanover Road, SW19 1EB  
EMERGENCY CONTACT FORM 15/16

Pupil's surname \_\_\_\_\_

Please print

Pupil's First Name \_\_\_\_\_

Please print

Emergency Mobile Number:

**Section A - Contact Details** - Please complete every section using BLOCK CAPITALS

Name by which child is known (if different from above):

Date of birth:    \_/ \_/ \_  
                          dd/mm/yr

Boy / Girl  
(please indicate)

Address where child is living (including full post code):  
House no/name:  
Street: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home tel: \_\_\_\_\_  
Work Tel: \_\_\_\_\_

Home Language:  
Country of birth:  
Nationality:  
Interpreter/Translator needed for school meetings  
Yes / No

Name of siblings in All Saints'	
Name	Class
Name	Class
Name	Class

YOUR NAME AND CONTACT DETAILS

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RELATIONSHIP TO CHILD

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**Please list the name and number of at least 1 parent/carer and 2 other adults who could collect your child in case of an emergency:**

Name	Number	Relationship to child Mum/Dad/Carer/aunty/grandparent
1. _____		
2. _____		
3. _____		

**IT IS CRUCIAL THAT THIS INFORMATION IS KEPT UP TO DATE**  
-please let us know every time these details change

**NB The way we contact you has changed. We will use text messaging to notify you of any emergency or change to school pick up time.**

## 2. Parental responsibility and right of access to information details

### KEY CALLER INFORMATION SYSTEM – CRITICAL INCIDENT PROCEDURES

**Key Callers are crucial if we ever need to urgently contact all the families in the school**, , e.g. when we had to close the school due to snow or in the event of a Critical Incident in London. The school would then phone the key callers who in turn will contact the other families on their key caller list. Your help in doing this is invaluable and we really appreciate it. If you are not sure, and would like more information, please contact the staff in the School Office, Pat, Denny or Magny will be happy to help.

**Are you willing to be a key caller?**     Yes         No

**In line with our Critical Incident Procedure are you happy for your number to be given to a Key Caller?**  
 Yes  No

## Section B – MONITORING INFORMATION (required by the Department for Education )

### 1. Religion – Please complete for our records (as listed by the DfE)

I understand that in choosing a Church of England School my child will learn about all faiths through visits to other places of worship and will attend All Saints' Church for Collective Worship and major Christian Festivals.

My child's religion is

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> Anglican  | <input type="checkbox"/> Jehova's Witness | <input type="checkbox"/> Roman Catholic       |
| <input type="checkbox"/> Baptist   | <input type="checkbox"/> Jewish           | <input type="checkbox"/> Sikh                 |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Methodist        | <input type="checkbox"/> Other (please state) |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Muslim           | <input type="checkbox"/> Follow no religion   |

### 2. Free School Meals -

**From September 2014 every child in KS1 will be entitled to Free School Meals.** However, we still need you to complete the enclosed Pupil Premium letter for Merton. The form can be handed in at the School Office. The Pupil Premium is a Government scheme that provides funding to schools of between £900 and £1300 per eligible pupil. This is money the school can use to support your child, for example providing new equipment or possible additional teaching staff.

**3. INFORMATION (REQUIRED BY THE Department for Education - DfE) to record ethnicity.**

Please tick box that represents the ethnicity of your child.

**White**

- British
- Any other white background

**Asian**

- Indian
- Pakistani
- Bangladeshi
- Any other background

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed Background

**Black**

- Caribbean
- African
- Any other Background

Chinese

Any other Ethnic Background

I do not wish an ethnic background category to be recorded

Refugee / Asylum-seeker                      Yes / No

If yes, which country

**Section C – Health & Safety**

**1. OTHER AGENCY INVOLVEMENT INFORMATION (e.g. Speech Therapy; GP)**

Please list any other support you receive for your child:

**2. How does your child travel to school?**

- Walk
- Bicycle
- Car
- Public Transport
- Train
- Taxi

**3. INTERNET SAFETY – PLEASE READ THE GUIDELINES (attached)**

Completed forms last for the whole of your child's primary school life. If you decide that you no longer want your child's photograph on our school website please let The Office know. (Please be reassured that we follow strict protocol before publishing any photographs on the web and will notify you before any pictures are distributed to the press.)

# EMERGENCY ACTION PERMISSION

Child's Surname _____
Child's first name _____
Date of Birth _____

**THIS PAGE WILL BE COPIED AND GIVEN TO HOSPITAL STAFF IF AN AMBULANCE NEEDS TO BE CALLED.**

**In the event of an emergency and I/we cannot be contacted, I /we give full permission for my child to be taken to hospital to administer any medical treatment as necessary.**

**NB! If you do not sign this form, you must submit a written letter to the Headteacher at the beginning of each term giving clear details about what the school should do if your child needs emergency treatment and we are unable to contact you.**

## EMERGENCY CONTACT NAMES AND TELEPHONE NUMBERS

FAMILY DOCTOR'S NAME  
SURGERY ADDRESS AND TELEPHONE NUMBER

LIST ANY KNOWN ALLERGIES AND TREATMENT

KNOW HEALTH ISSUES (e.h.Asthma/eczema, regular medication to be dispensed, inhalers)

SPECIAL RELIGIOUS OR OTHER DIETARY REQUIREMENTS (religious/allergies)

ANY OTHER INFORMATION

<p><b>Medical/Allergy Information(not dislikes) :</b> (This is for children who have a medically confirmed ALLERGY requiring a careplan)</p> <p>Allergy to: Careplan in place [ <input type="checkbox"/> ] Meeting with First Aid Officer [ <input type="checkbox"/> ] Epipen received [ <input type="checkbox"/> ] Date of renewal __/__/__</p>
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Signed \_\_\_\_\_ Parent/Carer Date \_\_\_\_\_

This permission is to cover the total duration of my child attending All Saints' C of E Primary School and applies to both normal school attendance and any educational visits away from school. If your child develops any allergy or has crucial medical information that is new, please notify the Office with full details so that the form can be updated.

**This page will be copied and returned to you. If any of these details change, inform The Office immediately.**

**Autumn 15**