



All Saints' C of E Primary School

Pupil's surname _____

Please print

EMERGENCY CONTACT FORM

Pupil's First Name _____

Please print

Emergency Mobile Number:

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: _____

Email: _____

Please list the full name (first name and surname) 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. Parents/Carers _____

2. Other contact _____

3. Other contact _____

Name of siblings in All Saints'

Name

Class

Name

Class

Name

Class

INFORMATION (REQUIRED BY THE Department for Education – DfE)

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

INFORMATION (REQUIRED BY THE Department for Education – DfE)

Home Language:

Country of birth:

Nationality:

Interpreter/Translator needed for school meetings
Yes / No

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"/> Jehovah'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 |

☐ I do not wish my child's religion to be recorded

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.

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

Please list any other support you receive for your child:

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.)

PARENTAL PERMISSIONS – Please tick the box on the left if you agree that your child can use / take part in

☐ Internet Access

☐ Photo used for printed publications/ website

☐ School Visits

CHILD'S NAME & D.O.B.

EMERGENCY ACTION PERMISSION

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)

IF YOUR CHILD IS ALLERGIC TO OR CANNOT EAT CERTAIN FOODS BECAUSE OF RELIGIOUS REASONS, PLEASE TICK A BOX BELOW

- ☐ NO PORK
- ☐ NO BEEF
- ☐ NO PORK OR BEEF
- ☐ NO DAIRY
- ☐ NO NUTS
- ☐ VEGETARIAN ONLY
- ☐ VEG/FISH/CHICKEN ONLY
- ☐ VEG/FISH ONLY
- ☐ NO EGGS
- ☐ OTHER (please specify)

Medical/Allergy Information(not dislikes) :

(This is for children who have a medically confirmed ALLERGY requiring a careplan)

Allergy to:

Careplan in place ☐ Meeting with First Aid Officer ☐

Epipen received ☐ Date of renewal __/__/__

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.