

Pupil Emergency Contact Sheet



Pupil Surname: Forename:
Date of Birth: Class:

Address:

Post Code: Ethnicity.....Home Language.....
Religion.....First Language

Please provide a copy of your child's birth certificate, and baptismal if applicable, to the school office along with this sheet.

Mother's Details

Name:

Address:

Email Address:

Telephone Number(s)

Date of Birth:

National Insurance Number:

Father's Details

Name:

Address:

Email Address:

Telephone Number(s)

Date of Birth:

National Insurance Number:

Please circle or tick if relevant: Parents Separated/Divorced Sole Custody: Mother / Father Joint Custody

Emergency Contacts (Please supply two other contacts).

Name: Relationship to child:

Telephone Number(s)

Name: Relationship to child:

Telephone Number(s)

MEDICAL CONDITIONS/ DIETARY REQUIREMENTS/VEGETARIAN/ALLERGIES

Doctor's Name: Phone No:

Doctor's Surgery

I provide consent to:	Yes	No
<ul style="list-style-type: none"> - Using images and videos of my child on the school website and on social media, including the following: <ul style="list-style-type: none"> • Twitter • Facebook - Using images of my child in marketing material, e.g. the school brochure and prospectus. 		
Sharing my child's data with a school-appointed external photography company for official school images. This includes the following: <ul style="list-style-type: none"> • Name • Class • Roll number 		

Does your child have an Education, Health and Care Plan (EHCP) or SEN Need?

Yes No

If your child has an EHCP you should not apply for them using this form. Please contact the Special Educational Needs department who issued the EHCP to discuss your request to transfer your child to another school directly with them.

Is this child a looked after child, previously looked after child or internationally adopted previously looked after child as explained below?

Yes No

CONSENT

Local Visit Permission

I give permission for my son/daughter to undertake the various local visits that may be arranged during his/her time at St Peter's Catholic Primary School. I understand that these do not require transportation by vehicle.

Signed (Parent/Carer)

Parent's Consent for Internet Access

I have read and understood the school rules for responsible Internet use outlined in the Acceptable Use Policy and give permission for my son / daughter to access the Internet. I understand that the school will take all reasonable precautions to ensure pupils cannot access inappropriate materials. I understand that the school cannot be held responsible for the nature or content of materials accessed through the Internet. I agree that the school is not liable for any damages arising from use of the Internet facilities.

Signed: (Parent/Carer) Date:

- THIS INFORMATION WILL BE USED FOR THE DURATION THAT YOUR CHILD ATTENDS ST PETER'S CATHOLIC PRIMARY SCHOOL.
- IF ANY CONTACT DETAILS OR INFORMATION CHANGES YOU MUST INFORM SCHOOL IMMEDIATELY.
- ALL PARENTS MUST FILL IN THE IMAGES AND VIDEO PARENTAL CONSENT FORM EACH ACADEMIC YEAR. THIS IS PROVIDED WITH THIS CONTACT SHEET, AND THEN AT THE START OF EACH ACADEMIC YEAR.
- IN LINE WITH OUR GDPR POLICY, WE WILL HANDLE YOUR DATA WITH CONFIDENCE.