

**ST PATRICK'S RC PRIMARY SCHOOL**  
PUPIL EMERGENCY CONTACTS



Please use BLOCK CAPITALS

**THE SCHOOL OFFICE MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGES TO THIS INFORMATION**

<b>CHILD'S NAME:</b>	<b>DATE OF BIRTH:</b>	<b>DATE OF ADMISSION:</b>
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**DETAILS OF PARENTS &/OR GUARDIANS**

ORDER OF CONTACT	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>
<b>TITLE</b> delete as appropriate	MR MRS MISS MS	MR MRS MISS MS	MR MRS MISS MS
<b>FULL NAME</b>			
<b>RELATIONSHIP TO CHILD</b>			
<b>ADDRESS</b>			
<b>POSTCODE</b>			
Is the child normally resident at this address?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>HOME EMAIL</b>			
<b>HOME TEL</b>			
<b>MOBILE</b>			
<b>WORK TEL</b>			
If part-time, please say when normally at work			

**IF WE ARE UNABLE TO CONTACT THE ABOVE, PLEASE TELL US WHO ELSE WE MAY CONTACT**

<b>FULL NAME</b>	
<b>RELATIONSHIP TO CHILD</b>	
<b>ADDRESS INC. POSTCODE</b>	
<b>TELEPHONE</b>	

**CHILD'S DOCTOR**

<b>NAME OF DOCTOR:</b>	<b>TELEPHONE:</b>
<b>SURGERY ADDRESS:</b>	
<b>MEDICAL CONDITIONS</b> (asthma, allergies, epilepsy, other medical conditions etc.) If your child needs an inhaler at school, an asthma medication form must be completed.	
<b>IS THE CHILD DISABLED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	

**MEAL ARRANGEMENTS**

FREE SCHOOL MEAL  PAID SCHOOL MEAL  PACKED LUNCH  OTHER

**SPECIAL DIETARY REQUIREMENTS****FAMILY MEMBERS** (who else lives with the child)

NAME	D.O.B.	GENDER	SCHOOL	RELATIONSHIP TO CHILD

**TRAVEL TO SCHOOL** (car, walk, bike, taxi, bus etc.)

	<b>ACCOMPANIED</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**EQUAL OPPORTUNITIES MONITORING INFORMATION**

You do not have to answer these questions if you would prefer not to

<b>ETHNIC ORIGIN:</b>
<b>HOME LANGUAGE:</b>
<b>RELIGION:</b>

**OUTINGS CONSENT**

I GIVE PERMISSION FOR MY CHILD TO TAKE PART IN SUPERVISED VISITS DURING SCHOOL HOURS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**PHOTOGRAPH, TELEVISION, RADIO, WEBSITE CONSENT**

MY CHILD'S PHOTOGRAPH CAN BE DISPLAYED ON DISPLAY BOARDS OR USED IN ANY OTHER PUBLICITY (E.g. newspaper articles, school website)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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MY CHILD MAY BE FILMED DURING SCHOOL PERFORMANCES	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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I GIVE MY PERMISSION FOR MY CHILD TO ACCESS LOCAL AUTHORITY AUTHORISED WEBSITES FOR CURRICULUM PURPOSES	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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<b>FORM COMPLETED BY</b> (Name):	<b>DATE:</b>
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