



Wellington Primary School – Emergency Contact Form

To help the school keep their records up to date - Please complete this form immediately – Thank You!

Childs Details

First Name:	Middle Name:	Surname:
D.O.B:	Boy/Girl:	Class:
Full Address: Post Code:	Ethnic Origin:	Nationality:
	Country of Birth:	First Language:
	Religion:	Languages spoken at home:

Parents/ Carers Details (Please give at least 2 adults as contacts if possible)

(1) <u>First/ Main Contact</u>	(2) <u>Second Contact</u>
Title: <i>(Mr/Mrs/Miss/Ms/Dr)</i>	Title: <i>(Mr/Mrs/Miss/Ms/Dr)</i>
Name: First Name:	Name: First Name:
Surname:	Surname:
Relationship to child:	Relationship to child:
Address (if different to child's):	Address (if different to child's):
Mobile Number: Home Number:	Mobile Number: Home Number:
Email:	Email:
Place of Work:	Place of Work:
Work Number:	Work Number:

Name of Person with whom your child lives if different to above:		
Relationship to child:		
If you are separated who has parental responsibility and who does the child live with? <i>(please delete as appropriate)</i>	Mother	Father

WE WILL BE ADDING ALL PARENTS' CONTACT DETAILS TO OUR PARENTMAIL DATABASE UNLESS YOU TELL US OTHERWISE IN WRITING.		
Please ensure that you update your ParentMail user account each time you change your mobile number or email address		
We must have three other names and numbers of people that we can contact in case of an emergency- this is important and needs to be completed and should be different to the above information.		
1. Name:	Number:	Relationship to child:
2. Name:	Number:	Relationship to child:
3. Name:	Number:	Relationship to child:
By providing these details, you are agreeing that you have the consent of these people to share their contact details.		

Medical

Child's Doctor & Address:	Doctor's Telephone:
	NHS Number:
Do you give the school permission to administer first aid: Yes No	Do you give the school permission to call the doctor: Yes No
If your child is an asthma sufferer, please ensure that they have an inhaler in school which will be kept in the medical room.	
Vaccinations: (please tick below)	Dietary Needs: (Please include Vegetarian/Halal or any food allergies)
Tetanus	
Whooping Cough	
MMR	
Medical Information – Condition/History: (Please include asthma/ eczema/ or regular medication)	Medical Allergies:

Parental Consent

Please indicate below if you give permission for your child:	YES	NO
to participate in local, off-site school trips/activities		
to receive first aid or urgent medical treatment during any off-site school trips/activities		
to visit places of worship		
Please indicate below if you give permission for the school:	YES	NO
to use your child's photo on school premises		
to use your child's photograph in school publications		
to use your child's photograph on the school website and school social media		
to use your child's photograph in other publications (e.g. newspapers, television, etc.)		

To be completed by parents of Year 5 and 6 children

<p>My child comes and goes to school ALONE on the following days: <i>(Please tick)</i></p> <p>Monday Tuesday Wednesday Thursday Friday</p>	<p>My child comes and goes to school with an ADULT</p>
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It is important to fill in all details as requested in this form.

Please let the school know IMMEDIATELY of any changes to the above information.

Parent Signature: _____ Date: _____

Under the General Data Protection Regulation (GDPR) we are collecting this data so that the school, as a public authority, can carry out its official functions. This data will be shared in accordance with our Privacy Notice.