



PHOENIX SCHOOL EMERGENCY CONTACT FORM 2018/2019

Student Details

Legal Surname: _____

Preferred Surname: _____

First Name: _____

Known Name: _____

Middle Name: _____

Date of Birth: / /

Gender: _____

Home Telephone 1: _____

Home Address: _____

Home Telephone 2: _____

Mobile: _____

Email Address: _____

Nationality: _____

Postcode: _____

Religion: _____

(e.g. Catholic, Christian, Hindu, Jewish, Muslim, Sikh, No Religion etc)

Country of Birth: _____

Ethnicity (please tick)

White: British

White: Irish

White: Traveller or Irish Heritage

White: Other

White: Gypsy/Roma

White: White & Black Caribbean

White: White & Black African

White: White & Asian

White: Other

Any other ethnic group (please state) _____

Asian or Asian British: Indian

Asian or Asian British: Pakistani

Asian or Asian British: Bangladeshi

Asian or Asian British: Other

Black or Black British: Caribbean

Black or Black British: African

Black or Black British: Other

Chinese

Prefer not to say

First Language English

Other (please state) _____

Prefer not to say

Language spoken at home English

Other (please state) _____

Prefer not to say

Is an Interpreter or signer required ?

Yes

No

What type of lunchtime meal will your child be having?

(e.g. Dinners, Free dinners, Packed Lunch etc) _____

Dietary Requirements _____

Is your child entitled to free transport to and from school?

Yes

No

What is your child's usual mode of travel to and from school?

(e.g. walk, cycle, Car/Van, Car Share (with children from a different household), Public Bus, School Bus, Taxi etc) _____

Contact Details

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
1						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
2						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
3						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
4						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no
						Home / Mobile / Work

Please detail any court orders applying to the child (e.g. Ward of Court, Legal rights of access)

Siblings

If your child has any siblings, please provide details.

	Sibling 1	Sibling 2	Sibling 3
Name			
Date of Birth			
School Attended			

Does your child have a disability? Yes No

If yes, please provide details: _____

Does your child have a Social Worker Yes No

If yes, name of Social Worker _____

Has an ECAF been completed? Yes No

Do you give consent for school to have a copy of the Early Help Assessment? Yes No

Medical Details

Doctors Name: _____ Telephone Number: _____

Practice Name: _____

Postcode: _____

Do you give consent for school to call the doctor in an emergency? Yes No

Do you give consent for school to administer first aid in an emergency? Yes No

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medicines etc)

Parental Consent

Consent Type	Permission		(please circle your response)
	Denied	Granted	
Off-site school trips/activities - participation	Denied	Granted	
Off-site school trips/activities – receive first aid or urgent medical treatment	Denied	Granted	
Off-site school trips/activities – visit places of worship	Denied	Granted	
Photographs/Videos – for use by students	Denied	Granted	
Photographs/Videos – for use in publications	Denied	Granted	
Photographs/Videos – for use on school website	Denied	Granted	
Photographs/Videos – for use within school premises	Denied	Granted	
Photographs/Videos – for use by the press	Denied	Granted	
Swimming in school	Denied	Granted	

NHS Therapy Team	Permission		(please circle your response)
	Denied	Granted	
I give consent to the following Professional to see my child to assist Learning Programmes and Assessment of needs:			
Speech / Language Therapist	Denied	Granted	
Occupational Therapist	Denied	Granted	
Physiotherapist	Denied	Granted	
School Nurse	Denied	Granted	

I confirm that the above information is correct:

Signed: _____

Date: / /

The information on this form will be processed in accordance with the General Data Protection Regulation (EU) 2016/679

This emergency contact form will be reviewed annually.