

# Emergency Contact Information Form

Please give details of parents/carers of who you wish to be contacted in an emergency in case your child is taken ill or has an accident. Please place them in order you wish them to be contacted.

## Contact 1:

Name .....

Relationship to child .....

Emergency contact number .....

Email .....

Address .....

## Contact 2:

Name .....

Relationship to child .....

Emergency contact number .....

Email .....

Address .....

## Contact 3:

Name .....

Relationship to child .....

Emergency contact number .....

Email .....

Address .....

Please confirm **the password** that all contacts above will be given when collecting child:

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*Please sign below to confirm that all details completed are accurate*

Data protection act 2018: The school is registered under the data protection act for holding personal data. The school has a duty to protect this information and to keep it safe. The school is required to share some of the data with the Local Authority and the DfE

Parent / Carer Full name .....

Relationship to child .....

Signature ..... Date .....

