

ST HUGH'S SCHOOL

**EMERGENCY CONTACT FORM**

Pupils Full Name \_\_\_\_\_ DOB \_\_\_\_\_

**Mother's** Full Name (Ms/Mrs/Miss) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Please tick if you have Parental Responsibility

**Father's** Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ ( Mobile) \_\_\_\_\_

Please tick if you have Parental Responsibility

Mother's Place of Work (if any) \_\_\_\_\_ Tel No. \_\_\_\_\_

Father's Place of Work (if any) \_\_\_\_\_ Tel No. \_\_\_\_\_

**Name Address & telephone Number in case of emergency (not parents) (This is important)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Religion \_\_\_\_\_ Ethnic Origin \_\_\_\_\_ Home Language \_\_\_\_\_

Other supporter (agencies) involved \_\_\_\_\_ Tel No: \_\_\_\_\_

Social Worker (if any) \_\_\_\_\_ Tel No: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_ Tel No \_\_\_\_\_

Medical Problems (including allergies) - please detail any medical problems your child has:

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Medicines being taken \_\_\_\_\_

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(Any medicines you would like your child to take during school time must be sent with a completed and signed administration of medicine form. All medicine must have a dispensary label with your child's name on.

Any other information

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I/We agree to \_\_\_\_\_ being given medical treatment in the event of an accident and the school being unable to contact me/us.

Signature \_\_\_\_\_ Date \_\_\_\_\_