## ST HUGH'S SCHOOL

## EMERGENCY CONTACT FORM

Mother's Full Name (Ms/Mrs/Miss)         Address         Telephone Number (Home)       (/         Please tick if you have Parental Responsibility       (/         Father's Full Name       (//         Address       (//         Address       (//         Please tick if you have Parental Responsibility       (//         Address       (//         Address       (//         Mother's Full Name       (//         Address       (//         Po       Telephone Number (Home)       (//         Telephone Number (Home)       (//         Mother's Place of Work (if any)       (//         Father's Place of Work (if any)       (//         Name       Relation         Address       Postcocc         Telephone Number (Home)       (//         Name       (Home)       (//         Postcocc       Telephone Number (Home)       (//	Postcode Nobile) stcode
Telephone Number (Home)       (/         Please tick if you have Parental Responsibility       (/         Father's Full Name	Postcode Nobile) 
Telephone Number (Home)       (/         Please tick if you have Parental Responsibility       (/         Father's Full Name	Nobile) 
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Father's Full Name	stcode
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Name Address & telephone Number in case of emergency (i Name Relation Address Postcoc	Tel No
Name Relation Address Postcoc	Tel No
Address Postcoc	not parents) ( <u>This is important)</u>
	ship
Telephone Number (Home) (Mobile	e
	)
Religion Ethnic Origin	Home Language
Other supporter (agencies) involved	Tel No:
Social Worker (if any) 7	el No:
Doctor's NameAddress	Tel No
Medical Problems (including allergies) - please detail any medic	al problems your child has:

The school is registered under the Data Protection Act and will treat the information you provide confidentially. The details may be given to other agencies responsible for your child's care, eg Speech Therapy, School Medical Services, Education Welfare, Social Services, Educational Psychology. If there are any changes to the information given please let the school know.

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

(Any medicines you would like your child to take during school time <u>must</u> 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

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
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