



PHOENIX SCHOOL EMERGENCY CONTACT FORM DATE: _____

Child's Name _____

Date of Birth _____ Admission to School _____

Parent/Carers' Name _____

Siblings name _____

Address _____

Telephone No: _____ Mobile: _____

Email address: _____

ETHNICITY:

White British Caribbean Indian White & Asian Chinese

White Irish African Pakistani White & Black African Any other Ethnic group

Any other White Background* Any other Black Background* Bangladeshi White & Black Caribbean Not given

Any other Asian background Any other mixed background* *If other, please specify _____

Nationality: _____ Country of Birth: _____

Child's first language: _____ Parent's first language: _____

Does the child have a disability? Yes / No

If yes give details _____

Social Worker _____

Is an interpreter or signer required? Yes / No

Details of any special requirements (for child and/or their parent)

ALTERNATIVE CONTACT DETAILS

Name: _____ Tel No: _____

Father's Employer: _____ Tel No. (if willing to take message) _____

Mother's Employer: _____ Tel No. (if willing to take message) _____

Family Doctor: _____ Tel No: _____

Religion _____

P.T.O

Present Medication / dosage _____

I GIVE PERMISSION FOR MY CHILD TO TAKE PART IN FOLLOWING ACTIVITIES:

Trampoline Yes / No Swimming Yes / No
Horseriding Yes / No

PHOENIX THERAPY TEAM

I give consent to the following Professional to see my child to assist Learning Programmes and Assessment of Needs.

Speech/Language Therapist Yes / No Physiotherapist Yes / No
Occupational Therapist Yes / No School Nurse Yes / No
School Doctor Yes / No

FILMS AND PHOTOGRAPHS

I AM HAPPY FOR MY CHILD'S PHOTO TO BE TAKEN BY STAFF FOR SCHOOL USE YES / NO
I AM HAPPY FOR VISITING STUDENTS TO TAKE PHOTOS OF MY CHILD THAT THEY MAY INCLUDE IN THEIR COLLEGE PROJECTS YES / NO
I AM HAPPY FOR PHOTOS OF MY CHILD TO BE TAKEN BY THE PRESS FOR PUBLICATION IN ARTICLES FEATURING THE SCHOOL AND OUR ACTIVITIES. (YOU SHOULD BE AWARE THAT THE PRESS MAY PUT THESE ON THEIR NEWS WEBSITE) YES / NO
I AM HAPPY FOR MY CHILD TO APPEAR ON THE SCHOOL WEBSITE AND OTHER SCHOOL PUBLICATIONS YES / NO
I AM HAPPY FOR MY CHILD TO BE IN THE YEAR BOOK WHICH IS BOUGHT BY PARENTS AND GOVERNORS YES/NO

CHILD'S NAME: _____

SIGNATURE OF PARENT: _____ DATE: _____

THIS EMERGENCY CONTACT FORM WILL BE REVIEWED ANNUALLY