

EMERGENCY CONTACT INFORMATION FOR WRAP AROUND CARE

Child's Full Name _____ Date of Birth _____

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Names of parents or other adults who will pick up/emergency contacts:

1. Name _____ Relationship to child: _____

Contact number _____

2. Name _____ Relationship to child: _____

Contact number _____

3. Name _____ Relationship to child: _____

Contact number _____

4. Name _____ Relationship to child: _____

Contact number _____

Dietary requirements / Allergies: _____

Medication: _____

Please tell us anything else you think we need to know about your child/ren in order to ensure that we care for them effectively and appropriately:

Signed _____ Date _____

Data Protection Act 1998: 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 up to date. The school is required to share some of the data with the Local Authority and with the DfE.