**St Matthew’s Catholic Primary School**

**SCHOOL USE ONLY :**

**Date entered on SIMS : (Initials & Date)**

**Pupil Emergency Contact Information**

**2025/26**

|  |
| --- |
| It is your legal responsibility to keep the school informed of current emergency contact details. Contacts will be used in order of priority.**PLEASE USE BLOCK CAPITAL LETTERS TO FILL IN THE FORM BELOW.** |

|  |  |  |
| --- | --- | --- |
| **Child (Full Name)** | **D.O.B.** | **Class** |
|  |  |  |
| **Address** |  **Postcode** |
|  |  |
| **Main Email Address (For eSchools)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- |
| **Parent / Carers Information**  |
| **Title** | **Mothers Name** | **Address**  | **Postcode** | **Contact Number** |
|  |  |  |  |  |
| **Title** | **Fathers Name** | **Address**  | **Postcode** | **Contact Number** |
|  |  |  |  |  |

**Emergency Contact Details**

**Include parents if a priority emergency contact (In order of priority).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority** | **Title** | **Name of Contact** | **Relationship to Child** | **Contact Number**  |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

|  |
| --- |
| **I confirm that these are the correct emergency contact details for my child and that I will inform school of any changes to my child’s emergency contact details at the first opportunity.** |
| **Signed** | **Dated** |
|  | **PTO for Changes Admin Use Only** |

***For School use only***

**Changes to above information:**

**Changes to Emergency Contact Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Title** | **Name of Contact** | **New Details** | **Input to SIMS** **(Staff Initial & Date)** |
|  |  |  |  |  |
|  |  |  |  |  |
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**Changes to Addresses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Title** | **Parent or Child** | **Change of Address** |  **Postcode** | **Input to SIMS** **(Staff Initial & Date)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Additional information Box**

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| --- |
| **Comments Box** |
|  |