

This information is being requested so as to ensure that Ely St Mary's C of E Junior School holds the personal data which it requires so as to be able to provide appropriate support to the child to whom this form relates, and so as to be able to contact you in case of emergency. Also, so as to ensure that all relevant parties have been issued with the appropriate Privacy Notice, and have signed to give their consent to collection, storage, use and sharing of data in accordance with the provisions of the relevant Privacy Notice, which is available to view via this link: <http://www.demat.org.uk/compliance/>



Ely St Mary's C of E Junior School

High Barns, Ely, Cambridgeshire, CB7 4RB
 Tel: 01353 662163
 Fax: 01353 666177
 Email: office@elystmarys.cambs.sch.uk
 Website: www.elystmarys.org.uk

You have received this form as you have been nominated as an Emergency Contact for one of our pupils by the pupil's parent/carer. If you are agreeable to the school's contacting you in case of need, please complete the details below, sign this form and the attached Privacy Notice Declaration, place both in an envelope, and return them to the parent/carer who gave them to you. He/she will collect all contact forms for the pupil in question and return these to school together.

Pupil's Name: _____ **Class if known:** _____

Non-Parent/Carer Emergency Contact 2's Details:

Title: <i>(Mr/Mrs/Miss/Ms/Dr, etc)</i>	
First Name:	
Surname:	
Address: <i>(House Number and Street Name Town County)</i>	
Postcode:	
Home Telephone Number:	
Mobile Telephone Number:	
Work Telephone Number:	
Home Email Address: <i>(Please print clearly)</i>	
Work Email Address: <i>(Please print clearly)</i>	

Relationship to Pupil: _____
(Grandparent/Childminder/Family Friend, etc)

By signing this form I agree to being an Emergency Contact for the above-named pupil, and give permission for the above information to be held by Ely St Mary's C of E Junior School, and used and shared in accordance with the Diocese of Ely Multi-Academy Trust's (DEMAT's) Non-Parent Emergency Contact Privacy Policy.

I confirm that I have received a copy of the Privacy Policy for Non-Parent Emergency Contacts, that I understand the basis on which DEMAT collects, stores, uses and shares personal data, and that I have signed the Privacy Notice Declaration Form overleaf. Yes*

Signed: _____ *(Non-Parent/Carer Emergency Contact)*

Printed Name: _____ *(Non-Parent/Carer Emergency Contact)*

Date: ___/___/___

*Please tick
PTO