



Shirley Community Primary School Shirley Pre-School

Nuffield Road, Cambridge CB4 1TF
e-mail: office@shirley.cambs.sch.uk
Tel: 01223 712252

Pupil Emergency Contact & Collection Permission Sheet (non-parental responsibility)

In agreeing to be named as an emergency contact for the pupil named below who attends Shirley Community Primary School or Shirley Pre-School, I understand that my personal information (as included on this form) will be retained securely by the school for the duration of the time that the named child attends the school, unless permission is withdrawn by myself or the child's parent. I understand that it is my responsibility to inform the parent(s) if any of these details change during this time.

NAME OF CHILD: _____ CLASS _____

DETAILS OF EMERGENCY CONTACT:

Title: _____ Forename _____ Surname _____
(Dr/Mr/Mrs/Miss etc.)

Address: _____

Relationship to Child _____

Telephone Numbers in order of priority (please indicate whether home/mobile/work etc.)

1 _____ type of number _____

2 _____ type of number _____

3 _____ type of number _____

4 _____ type of number _____

email address: _____

I accept responsibility to be an emergency contact for the child named above. If called, I will bring photo ID if I am not known to the school.

Signed _____ Date _____
(Emergency Contact)

I/we authorise the above to be contacted and to collect our child from school in an emergency and take responsibility to inform the school if any of the contact details above change.

signed _____ Date _____

Signed _____ Date _____
(Parent(s))