**Emergency Contact Details**

Please can you fill out the below emergency contact details. This contact sheet will be used in the event that we need someone to collect your child from the school due to illness.

Name of student………………………………………………….

Parent/Carers name …………………………………………….

Parent/Carers signature ………………………………………. Date……………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Emergency contact name | Relationship to child | Main Contact number | Alternative contact number | Email address |
| Contact 1 |  |  |  |  |  |
| Contact 2 |  |  |  |  |  |
| Contact 3 |  |  |  |  |  |