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

Please can you fill out below emergency contact details in the event that we need someone to collect your child from the school due to illness. Please inform anybody you name below that you are doing so.

Name of Student…………………………………………………………….

Parent/carer full name …………………………………………………………….

Signature…………………………………………………………………… Date………………………………………….