

**Please complete this form and email it to school or send it with your child.**

<b>Name of child:</b>		<b>D.O.B.</b>
Address:		
<b>Parent/Parents details</b>		
Name :		
Key worker place of work:		
Work telephone number:		
Name:		
Key worker place of work:		
Work telephone number:		
<b>Emergency contact numbers</b>		
In case of illness or accident someone <u>MUST</u> be available to take a call and collect your child immediately.		
Name of contact 1:		
Contact number:		
Name of Contact 2:		
Contact number		
<b>Medical conditions</b>		
Please outline any medical conditions which your child has		
<b>Time at which your child will be collected from school and by whom</b>		
Time:		
Collected by:		

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian