

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

Name of child:		D.O.B.
Address:		
Parent/Parents details		
Name :		
Key worker place of work:		
Work telephone number:		
Name:		
Key worker place of work:		
Work telephone number:		
Emergency contact numbers		
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		
Medical conditions		
Please outline any medical conditions which your child has		
Time at which your child will be collected from school and by whom		
Time:		
Collected by:		

Signed: _____ **Date:** _____

Parent/Guardian