CONTACT DETAILS FORM

**Name of Child** ……………………………………………………………………………………………………….. **Class** …………………………………

Please give details of all persons with parental responsibility, and/or anyone else who has permission to collect your child at the end of the school day.

Please place in the order that you wish to be contacted in an emergency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority** | **Name** | **Relationship** | **Home Address** | **Contact Telephone No** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |

**Signed by** ……………………………………………………………….. **Name** ………………………………………………………………………………………… **Date** ……………………