**PART B: EMERGENCY CONTACT FORM**

**Child’s full name:**

**Child’s date of birth:**

Please provide details for at least one person we can contact if we are not able to reach you in an emergency.

**Emergency contact 1**

|  |  |
| --- | --- |
| Name (surname last and in CAPITALS) |  |
| Relationship to child  |  |
| Address  |  |
| Telephone (home)  |  |
| Telephone (work)  |  |
| Telephone (mobile)  |  |
| Do you give permission for this person to collect your child?  |  |

Emergency contact 2

|  |  |
| --- | --- |
| Name (surname last and in CAPITALS) |  |
| Relationship to child  |  |
| Address  |  |
| Telephone (home)  |  |
| Telephone (work)  |  |
| Telephone (mobile)  |  |
| Do you give permission for this person to collect your child?  |  |