

VIOLET LANE NURSERY AND INFANT FOUNDATION SCHOOL
EMERGENCY CONTACT FORM

Child First name(s) Surname

Address Post Code:

Email Tel No.

Date of Birth

Birth certificate seen Yes/No

Parental/Guardian Information PLEASE COMPLETE ALL INFORMATION

MOTHER
Surname First name

Address

FATHER
Surname First name

Address

Doctors name and addressTel no

Medication Details

Does your child have any allergies? YES/NO If so, what

Does your child take any regular medication (incl. inhalers)? YES/NO If so, what?.....

Details of any conditions e.g.: epilepsy, asthma or allergies: penicillin, insect strings, elastoplasts, sun intolerance etc.
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Emergency Contacts (please complete all information)

1. Mothers day time contact number and address:	Home no. Work no. Mobile no.
2. Fathers day time contact number and address:	Home no. Work no. Mobile no.
3. Any other point e.g. grandparents, neighbour	Home no. Work no. Mobile no.
4. Any other point e.g. grandparents, neighbour	Home no. Work no. Mobile no.

Please list in which order you wish the school to contact the above in the case of an emergency e.g.: 1.2.3.4.....

