

Emergency and Consent Form for

GODFREY ERMEN CE PRIMARY SCHOOL (Continue)

Additional Emergency Contact 3

Name:

Relationship to Child:

Address:

.....Postcode

Phone (Mobile):

Phone (Work):

Phone (Home):

Email (Main):

Additional Emergency Contact 4

Name:

Relationship to Child:

Address:

.....Postcode

Phone (Mobile):

Phone (Work):

Phone (Home):

Email (Main):

My Child's Medical information

Name of my Child's Doctor: _____ Phone: _____

Doctors Address: _____ Postcode _____

Are your child's immunisations up to date? YES NO

Is your child on daily medication? YES NO

If yes, please specify: _____

Does your child have any allergies? YES NO

If yes, please specify:

Does your child have any special needs? YES NO

If yes, please give details:
