

**Unsworth Primary School  
Emergency Contact Form  
Robinwood Visit 20<sup>th</sup> – 22<sup>nd</sup> September 2017**

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Name of parent/carer

1. \_\_\_\_\_ Relationship to child \_\_\_\_\_

2. \_\_\_\_\_ Relationship to child \_\_\_\_\_

Who does your child live with \_\_\_\_\_

Child's resident address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Mobile \_\_\_\_\_

\*This number will be used to send text messages

Email address \_\_\_\_\_

Parent 1: Company Name & Telephone Number \_\_\_\_\_

Parent 2: Company Name & Telephone Number \_\_\_\_\_

Alternative Contact Name, Address & Telephone Number

1 \_\_\_\_\_

2 \_\_\_\_\_

Person Responsible for Collecting Child \_\_\_\_\_ Tel No \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Tel No \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Other Relevant Information (eg does your child suffer from Asthma, wear glasses etc) \_\_\_\_\_

Medication \_\_\_\_\_

Special Needs \_\_\_\_\_

Allergies (if any) \_\_\_\_\_

Food Dislikes or Intolerance \_\_\_\_\_

Anything Else We Should Know \_\_\_\_\_

\_\_\_\_\_