



# How Wood Breakfast & After School Club Emergency Contact Form

## CHILD'S INFORMATION

Child's Surname .....Date of Birth .....

Child's Forename .....Middle Name .....

Home Address

.....

.....

Home Telephone Number.....

## FAMILY INFORMATION

### Mother

Surname ..... Forename ..... Mrs/Miss/Ms

Address (if different from above)

.....

Home Tel No.....Work Tel No..... Mobile No .....

Occupation.....

Place of work.....

### Father

Surname ..... Forename.....

Address (if different from above)

.....

Home Tel No.....Work Tel No ..... Mobile No .....

Occupation.....

Place of work .....

**Named adults with consent to collect your child**

Name .....

Address .....

Tel No. .... Mobile No.....

Relationship to child (e.g. grandparent, neighbour)

.....

Name .....

Address .....

Tel No. .... Mobile No.....

Relationship to child (e.g. grandparent, neighbour)

.....

**Other Emergency Contacts**

Name .....

Address .....

Tel No. .... Mobile No.....

Relationship to child (e.g. grandparent, neighbour)

.....

*If you wish to give additional contact names, please detail overleaf*

**MEDICAL INFORMATION**

Name of your child's Doctor.....

Doctor's Tel No.....

Doctor's Address

.....

Medical information (allergies, epilepsy, other medical conditions etc)

.....

To meet our legal duties under SEND and provide the best care for your child are there any impairments that you feel we need to know about?