



Sir John Lillie Primary School
Emergency Contact Form

Class:

Please complete this form **fully** in order to assist us should your child become unwell or has an accident in school. It is **very important** that all sections of the form are filled in, so we know how and where to contact you, should we need to.

Parent/Carer Signature:

Date:

Child's Surname: Child's First Name: Mother's Surname: First Name: Father's Surname: First Name:	Boy <input type="checkbox"/> Girl <input type="checkbox"/> Date of Birth:/...../..... Class:.....
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Does your child have any siblings in the school currently? Yes No

Please give name(s) & class:

1 st Contact – Parent/Carer Address	Relationship to Child	Home Telephone and Mobile
<i>Name:</i> <i>Address:</i>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: <i>(please specify)</i>	<i>Home:</i> <i>Mobile:</i>
2nd Contact – Parent/Carer Address <i>Name:</i> <i>Address:</i>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: <i>(please specify)</i>	<i>Home:</i> <i>Mobile:</i>
3rd Contact – Parent/Carer Address <i>Name:</i> <i>Address:</i>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: <i>(please specify)</i>	<i>Home:</i> <i>Mobile:</i>

Children in Care Only Name of Social Worker/ Family Support Worker Phone Number:	Email address:
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