

WEST HILL PRIMARY SCHOOL

Dear Parents,

If your child should be injured or taken ill at school, I would have to get in touch with you quickly. Would you please help me by filling in all sections of this form and returning to me **AS SOON AS POSSIBLE**. Please let me know **IMMEDIATELY OF ANY CHANGE**.

Yours sincerely
Lisa Carmen and Anna Healy
Co-Headteachers

Child's Surname.....Child's Firstname(s)..... (Surname in block capitals)
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Home Address (where child lives)	Telephone No.
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MOTHER. Name..... Between 9am & 4pm Mother can be contacted at:	Telephone No.
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FATHER. Name..... Between 9am & 4pm Father can be contacted at:	Telephone No.
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Name & address of person who has agreed to take charge of the child until a parent reaches home.	Telephone No.
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Also please supply email address(es) for our email service;

Signature of Parent / Guardian:

Date:

Class: