

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
Julie Dobson
Headteacher

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: