

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 school office AS SOON AS POSSIBLE. Please let us know IMMEDIATELY OF ANY CHANGE.

Yours sincerely
 Lisa Carmen / Anna Healy
 Co-Headteachers

Child's Surname.....Child's Firstname(s)..... (Surname in block capitals)
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Home Address (where child lives)	Home telephone No.
1. MOTHER. Name..... Between 9am & 4pm Mother can be contacted at: Email address:	Mobile telephone No.
2. FATHER. Name..... Between 9am & 4pm Father can be contacted at: Email address:	Mobile telephone No.
3. Contact 3. Name..... Between 9am & 4pm Contact 3 can be contacted at: Email address: Name & address of person who has agreed to take charge of the child until a parent reaches home.	Telephone No. Telephone No.

Signature of Parent / Guardian:

Date:

Class: