



DROM NATIONAL SCHOOL EMERGENCY CONTACT DETAILS FORM

- ✿ **Please fill in this form for each individual child and return it to the relevant class teacher.**
- ✿ **This form will only be used when parent(s) / guardian(s) cannot be contacted.**
- ✿ **This form should only be completed and returned to the school if it has not been completed previously or if any of the relevant details have changed.**

Name of child: _____

EMERGENCY CONTACTS' DETAILS

The following information will be used by the school in the event of:

- Your child feeling sick
- An unexpected closure of the school.

In the event that your child / children fall ill, or the school has to close unexpectedly, etc. and there is no one at home or the school is unable to contact either parent / guardian, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

Person(s) the school will contact:

Person 1: _____

Home Telephone No: _____

Mobile Telephone No: _____

Person 2: _____

Home Telephone No: _____

Mobile Telephone No: _____

MEDICAL EMERGENCY/ACCIDENT

In the event of an emergency or accident, it may be necessary for a member of staff to use his/her discretion and ring a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may ring a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian): _____