

**HARRISON PRIMARY SCHOOL
EMERGENCY CONTACT FORM**

Name of Child

Date of Birth Year / Class

Address.....
.....

**Priority 1 Parent/Guardian will receive
Text Messages & Emails from school**

Priority 2 will receive Emails Only

1 Name of Parent / Guardian
Mr/Mrs/Miss/Ms

2 Name of Parent / Guardian
Mr/Mrs/Miss/Ms

Address (if not as above)

Address (if not as above)

(Home Tel No)

(Home Tel No)

(Mobile Tel No)

(Mobile Tel No)

(Work Tel No)

(Work Tel No)

E-mail

E-mail

**Please notify the office immediately if your contact numbers/email addresses alter as school
communications are sent via Teachers2Parents texting and email service**

Local Emergency Contacts (**this must not be yourselves**):-

Name :

Name :

Tel No:

Tel No:

Childminder's Name and Contact Number

Family Doctor (Name & Address)

Medical/Other Information:- *(Please include all details you consider Staff will need to know in dealing with your child and duplicate any information you have already written on school health entry form if still relevant)*

Signed (Parent / Guardian) Date