



Salhouse Primary - Emergency Contact and Medical Information for a Pupil

Childs Name:

DOB:

Primary Carer 1

Name:

Address:

Postcode:

Home Phone:

Mobile Phone:

Email:

Work phone:

Primary Carer 2

Name:

Address:

Postcode

Home Phone

Mobile Phone

Email

Work Phone

Alternative Emergency Contacts (Please add at least one)

Name:

Address:

Postcode:

Home Phone:

Mobile Phone:

Email:

Work phone:

Name:

Address:

Postcode

Home Phone:

Mobile Phone

Email

Work Phone

Medical Information

Medical Centre

Doctors Name:

Address:

Postcode:

Phone:

Allergies/Asthma Information/Special Health Considerations (Please put anything relevant):

Parent Guardian Signature:

Date

Parent Guardian Signature:

Date