



Emergency Information

NAME:

PARENTS

Name

Contact no

Name

Contact no

FAMILY

Name

Contact no

Name

Contact no

EMERGENCY CONTACTS

Emergency contact 1

Name

Contact no

Name

Contact no

Emergency contact 2

Name

Contact no

Name

Contact no

HOME ADDRESS

Address

AUTHORISATION

I authorise the individuals listed above to be contacted in case of an emergency involving my child. I understand that every effort will be made to contact me, but if I cannot be reached, I agree to the individuals listed above being contacted and making decisions on my behalf for the well-being of my child.

Parent/Guardian's Signature: _____

Date: _____