

CIVIL DEFENCE EMERGENCY CONTACTS

Please complete the form below to help us in the event of an emergency when you may not be able to be contacted and when your child may not be able to return home at the end of the school day.

Full name of student: _____ **Rm:** _____

Name of Parent/Caregiver	Usual Place of Work	Emergency Contact Phone No.

My child usually returns home using the following transport:

Walk Bike/Scooter Car School Bus Public Bus Train

Please list below other adults/afterschool care providers who have my permission to collect my child in the event of an emergency: *(Please share your contingency plan with these individuals)*

Names	Phone Numbers
1.	
2.	
3.	
4.	

Any other relevant information that would be useful to us in the event of an emergency.
(eg. Medication, anxiety, siblings at nearby schools)

Caregiver Name: _____

Signed: _____

Date: _____