

St. Andrew's C.E. Primary School

Name: Class:

Address:

Home Telephone:

Mobile Telephone:

Emergency Contact 1

Name:..... Relationship:.....

Home/Work Phone No:.....

Mobile Phone No:.....

Doctor & Telephone No.....

St. Andrew's C.E. Primary School

Emergency Contact 2

Name:..... Relationship:.....

Home/Work Phone No:.....

Mobile Phone No:.....

Emergency Contact 3

Name:..... Relationship:.....

Home/Work Phone No:.....

Mobile Phone No:.....

I confirm my child has allergies/requires medication i.e. peanut allergy, diabetic, wheat intolerance etc.

Yes No if yes, to ensure your child's safety and wellbeing, please ensure you complete the attached medication card

