

FAIRISLE JUNIOR SCHOOL
EMERGENCY INFORMATION

Full Name:

Date of Birth: Class:

Parent/Guardian's Name:

Address:

Post Code: Home Telephone No:

Mobile No:

Work No:

Medical Conditions:

Allergies:(eg Peanut, wasp/insect, hay fever etc)

Medication:

Doctor's Name and Tel No:

Emergency Contact (1) Name:

Relationship to child:

Telephone No:

Address:

Emergency Contact (2) Name:

Relationship to child:

Telephone No:

Address:

Any other important information:

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