

William Cassidi C of E (Aided) Primary School

Reception Contact Form

Child's name:

Date of Birth:

Address:

Please complete this list of people we may contact in the event of an emergency in order of priority:

Name:	Contact Number:

Please write the name of any adults that may collect your child from school in the table below, stating their relationship to your child, e.g. grandparent, auntie/ uncle, family friend etc.

Name:	Relationship to child:

Please write a password in the box below that **all adults mentioned above** will be able to tell staff, as verification that you have given consent for them to collect your child.

Password	
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Signed: _____ Date: _____