



Emergency Contact

Date:

Parent name: _____

Student/s name: _____

Emergency Contact	
Full name	
Telephone number	
Relationship to student	

Signature of parent/s: _____ Date: ____ / ____ / ____

By adding the above person to your child’s emergency contact list, you are authorising the college to contact the nominated person in case of an emergency when none of the parents are reachable.

Emergency contact is only allowed to pick up your child when contacted by the college in an emergency.