LBL Emergency Contact Form

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 1

|  |  |
| --- | --- |
| Name |  |
| Relationship to child |  |
| Home Tel |  |
| Work Tel |  |
| Mobile |  |
| Email |  |

Emergency Contact 2

|  |  |
| --- | --- |
| Name |  |
| Relationship to child |  |
| Home Tel |  |
| Work Tel |  |
| Mobile |  |
| Email |  |

Emergency Contact 3

|  |  |
| --- | --- |
| Name |  |
| Relationship to child |  |
| Home Tel |  |
| Work Tel |  |
| Mobile |  |
| Email |  |

If there is a person who you specifically DO NOT authorise to collect your child for whatever reason (custody, etc.) then please state their name and relationship to you or the child below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_