

## **Bearpark Primary School**

## **Contact Information Form**

| Name  |     | Mobile Number | Home Telephone<br>Number |
|---|-----|---------------|--------------------------|
| 1 <sup>st</sup> contact name:                         |     |               |                          |
| Relationship:   |     |               |                          |
| 2 <sup>nd</sup> contact name:                         |     |               |                          |
| Relationship:   |     |               |                          |
| 3 <sup>rd</sup> contact name:                         |     |               |                          |
| Relationship:   |     |               |                          |
| Who has permission to pick up your child from school? |     |               |                          |
| •   |     |               |                          |
| Allergies/Dietary Requirements                        |     |               |                          |
| •   |     |               |                          |
| Asthma Y  | ⁄es | No            |                          |
| Inhaler in school?                                    | ⁄es | No            |                          |
| Important Information- Staff please note.             |     |               |                          |
|   |     |               |                          |
|   |     |               |                          |
|   |     |               |                          |
|   |     |               |                          |
|   |     |               |                          |

<sup>\*</sup>Parents please inform us immediately of any changes.