    

 Welcomed Equality & Fairness Healthy Eating Learning through Play Professionally

 & Valued Monitored

**Emergency Contact**

I request and give full permission for my childminder to contact the people detailed below in the event of an emergency, concerning my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, if they have been unsuccessful in contacting myself.

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| Relationship to child |  |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone number: |  |
| Relationship to child |  |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone number: |  |
| Relationship to child: |  |

|  |  |
| --- | --- |
| Parent(s) name |  |
| Parent(s)signature |  |
| Date |  |