

INTEGRATED COLLEGE DUNGANNON
Summer Scheme 2017

Emergency Contact Form

It is essential that we are able to contact you in case of an emergency or if your child is ill. To assist us in doing so, please complete the following:

Emergency Contact 1

Full Name: _____

Relationship to child: _____

Home telephone number: _____

Work telephone number: _____

Mobile telephone number: _____

Emergency Contact 2

Full Name: _____

Relationship to child: _____

Home telephone number: _____

Work telephone number: _____

Mobile telephone number: _____

Emergency Contact 3

Full Name: _____

Relationship to child: _____

Home telephone number: _____

Work telephone number: _____

Mobile telephone number: _____

In the unlikely event of an accident/illness we give permission for the Scheme Leader/designated member of staff to seek medical advice/treatment. If Emergency Treatment/First Aid is necessary, we understand that it will be administered as necessary and we will be contacted as soon as possible.

Signed: _____
(Parent/Guardian)

Date: _____