



EMERGENCY CONTACTS LIST

**As a duty of care we request emergency contact details.
To ensure confidentiality you are requested to place this completed form in a
sealed envelope provided.**

Please return this form to the office.

In case of an emergency, the school will contact the designated person/s.

Name:

Address:
.....

Home Phone Number:

Mobile Number:

Emergency Contact:

Home:

Work:

Mobile:

Emergency Contact:

Home:

Work:

Mobile:

Medicare Number:

Allergies:

Medical Conditions:

Current Medication:

In case of an emergency, I give Karingal Primary School, permission to seek medical assistance or call an ambulance as deemed necessary.

Signature:.....

The above information is confidential and this form can be collected from the office at the conclusion of your service.