

The Island Day Nursery

Emergency Contact Information

Please supply the following information and return these forms to the office prior to your child's first day. The emergency contact must be local and able to pick up your child quite quickly. We will of course always attempt to contact parents in the first instance.

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Relationship to child (if any): \_\_\_\_\_

\_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

I/we give permission for emergency medical treatment to be sought if required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_