

COMPLETE USING CAPITAL LETTERS



Grays Convent  
HIGH SCHOOL

**GRAYS CONVENT HIGH SCHOOL  
INFORMATION FOR USE IN CASE OF EMERGENCY**

Name:		Form:
Home Address:		Post Code:
Home Telephone No:		D.O.B. / /
Mother's Name: Mrs/Miss/Ms/Dr/Other	Mother's Email:	
Mother's Home Address:		
Mother's Work Address:		
Mother's Work Telephone No:		
Mother's Mobile Phone Number for emergency contact:		
Father's Name: Mr/Dr/Other	Father's Email:	
Father's Home Address:		
Father's Work Address:		
Father's Work Telephone No:		
Father's Mobile Phone Number for emergency contact:		
Doctor's Surgery:	Surgery Telephone No:	
Surgery Address:		

Please give the address and telephone number of **locally based**, responsible adults who will act on your behalf in the event of an emergency if you are not able to be contacted. (Please **do not** leave blank).

Contact 1:	Telephone No:
Address:	
Relationship: (eg grandparent/aunt/friend)	
Contact 2:	Telephone No:
Address:	
Relationship: (eg grandparent/aunt/friend)	
Any known allergies – e.g. penicillin/conditions	

**In the event of an emergency this information is vital; therefore you are responsible for informing the school immediately of any changes.**