Ss Peter and Paul School

**Emergency Contacts (in the event the School is Evacuated/Closed)**

**Name of child: (youngest to oldest) Room No.**

**Guidelines**

* Please begin the list with your own names.
* Ensure any other names nominated on this list have a good likelihood of being able to get to school to collect your child in the event of an emergency.
* The list allows for 10 names, but there is no expectation that parents complete a full list. However, we do recommend at least one other name after parents’ names.
* Children will remain at school until collected by someone from the list. Families of more than one child will wait together in the classroom of the youngest child.
* Please advise the school office of any changes to this list. We recommend you keep a record of who you have authorised to collect your children.

**I authorise the following people to collect my child/children if the school is evacuated or closed**

|  |  |  |
| --- | --- | --- |
|  | **Parents to complete these sections** | **Teachers to complete these sections** |
| **Name of authorised person** | **Address** | **Mobile number** | **Collected by** | **Where they are going** | **Time collected** |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |

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