

# The Polish School of Sydney

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## Emergency Phone Numbers Contact form

Name of Child: \_\_\_\_\_

Parent's/Guardian's name: \_\_\_\_\_

Phone number: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mob: \_\_\_\_\_

If unavailable emergency contact person.

1) Name and relationship to child:

\_\_\_\_\_

Ph. Number: \_\_\_\_\_

2) Name and relationship to child:

\_\_\_\_\_

Ph. Number: \_\_\_\_\_

**Name and Phone number of family doctor.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent's/Guardian's  
signature:** \_\_\_\_\_

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

**NOTE: If any changes to the above information occur during the school year, it is the responsibility of the parent's/guardian's to update the relevant information.**