



WIRREANDA PUBLIC SCHOOL

*Excellence and opportunity in an innovative and
supportive learning environment*

BUSHFIRE EMERGENCY CONTACT DETAILS 2019/20

Child Name	Child 1		Class:
	Child 2		Class:
	Child 3		Class:
	Child 4		Class:

FAMILY EMAIL ADDRESS: _____@_____

PARENT NAME (Residential parent, ie who the child lives with)	Mother		Home Phone:	
			Work Phone:	
			Mobile:	
PARENT NAME (Residential parent, ie who the child lives with)	Father		Home Phone:	
			Work Phone:	
			Mobile:	

Emergency Contact and pick up 1 (not parent)	Name		Relationship:	
	Contact Number 1:		Contact Number 2:	

Emergency Contact and pick up 2 (not parent)	Name		Relationship:	
	Contact Number 1:		Contact Number 2:	

In the event of a bushfire evacuation/emergency pick up, I give permission for my child(ren) to be picked up by the following (eg other additional school families or neighbours) should I or my emergency contacts not be able to do so:

1.
2.
3.

Signed: _____ Date: _____