

WIRREANDA PUBLIC SCHOOL

Excellence and opportunity in an innovative and supportive learning environment

BUSHFIRE EMERGENCY CONTACT DETAILS 2020/21

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

PARENT NAME (Residential parent, ie who the child lives with)	Mother		Home Phone:	
			Work Phone:	
			Mobile:	
PARENT NAME	^{t,} Father		Home Phone:	
(Residential parent, ie who the child lives with)		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.			
2			
5.			

Signed: _____ Date: _____