

Somerford Primary School

September 2020

If your child displays symptoms of Covid 19 or someone in their 'bubble' receives a positive test, we need to be able to contact you immediately. Please provide your contact details so we can ensure we have the most up to date information on our system. Please then provide the details of two other people who we can call if we cannot contact you.

YEAR GROUP:.....

OTHER CONTACTS – PLEASE MAKE SURE			
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	THESE CONTACTS ARE HAPPY AND	O WILLING TO COLLECT YOUR CHILD IF	F THEY ARE DISPLAYING SYMPTOMS
NAME OF CONTACT RELATION	NSHIP TO CHILD MOBILE PHO	ONE NUMBER HOME PHONE NUM	MBER WORK PHONE NUMBER

PLEASE RETURN TO SCHOOL ON MONDAY 7TH SEPTEMBER 2020

NAME OF PUPIL:

Enjoy Aspire Achieve