**SILVERSTREAM SCHOOL**

Dear Parents/Caregivers

Please complete the form below and return it as soon as possible.

**In the event of a civil emergency (earthquake) :-**

Please keep my child(ren) at school until I arrive to collect them

 **OR *(PLEASE TICK ONLY ONE OPTION)***

Please release my child(ren) to any of my named emergency contacts.

My child(ren)’s details:-

Name of Child(ren) ………………………………………………………………………………..

Room Number (s) ………………………………………………….

Signed…………………………………………… (parent/caregiver)