

Keyworker School Provision

Please complete the short form below to let us know if your child needs access to our Key Worker School Provision.

Student Name..... Class.....

Parent Name (s).....

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Key worker role and brief explanation of this role:

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Emergency Contact number 1.....

Emergency Contact number 2.....

Email Contact address:.....

Any Medical/Allergy Issues/Needs:

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Student to carry epipen /asthma inhaler/medication if required: please provide details if applicable:

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Any other important information we should know:

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Signed..... Date.....

Please either return this form via email to admin@buchs.co.uk before 8.00 am on Monday 23rd March: or, if you are a keyworker whose child is attending school on Monday 23rd March, the child can hand it in at reception when they arrive.