



Essential Information 2017

CHILD'S NAME _____

ROOM _____
ROOM _____
ROOM _____

ADDRESS _____

HOME PH _____

PARENT/CAREGIVER DETAILS	
Mother/caregiver Name _____ Address _____ (if different from above) Phone _____ Work _____ Mobile _____ Email _____	Father/caregiver Name _____ Address _____ (if different from above) Phone _____ Work _____ Mobile _____ Email _____
PLEASE PROVIDE 2 EMERGENCY CONTACTS (OTHER THAN PARENTS)	
Emergency contact 1 Name _____ Relationship to pupil _____ Phone _____ Work _____ Mobile _____	Emergency contact 2 Name _____ Relationship to pupil _____ Phone _____ Work _____ Mobile _____
This year we would like to communicate as much as possible electronically. Please provide us with your up to date email address (in caregivers box above). If electronic communication is not possible please tick hard copy <input type="checkbox"/>	
PLEASE LIST ANY MEDICAL CONDITIONS, MEDICATIONS, ALLERGIES OR SPECIAL NEEDS BELOW _____ _____	
<p>We wish to have one permission slip for all activities involving children leaving the grounds to use the local community and environment. This will cover every time the children leave the grounds with their class in a supervised activity. In all of these activities strict safety procedures will be followed. The permission slip will cover activities for 2017. Parents will continue to be notified in writing of all additional trips that require transport and are outside of our local area. Due to our use of digital cameras during these activities, we often wish to display photos on our website/ class blogs or in other educational settings.</p>	
I give permission for my child/ren to participate in activities outside the school , as part of the curriculum programme for 2017. YES/NO (please circle one)	
I give permission for my child/ren to have their work publicly displayed YES/NO (please circle one)	
I give permission for my child/ren to have their photo publicly displayed YES/NO (please circle one)	
I give permission for my child/ren to be given panadol at school as required YES/NO (please circle one)	
In the rare case of the school not being aware of a child's absence we need to contact parents in the interest of child safety. Please allocate a mobile number for this purpose _____	
I give permission for my child/ren to receive first aid YES/NO (please circle one)	

PARENT/CAREGIVER SIGNATURE _____

DATE _____