

### Essential Information 2019

CHILD'S NAME \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ROOM \_\_\_\_\_  
 ROOM \_\_\_\_\_  
 ROOM \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PH \_\_\_\_\_

PARENT/CAREGIVER DETAILS	
<p>Mother/caregiver            Name _____            Address _____                                    (if different from above)            Phone _____            Work _____            Mobile _____            Email _____</p>	<p>Father/caregiver            Name _____            Address _____                                    (if different from above)            Phone _____            Work _____            Mobile _____            Email _____</p>
PLEASE PROVIDE 2 EMERGENCY CONTACTS (OTHER THAN PARENTS)	
<p>Emergency contact 1            Name _____            Relationship to pupil _____            Phone _____            Work _____            Mobile _____</p>	<p>Emergency contact 2            Name _____            Relationship to pupil _____            Phone _____            Work _____            Mobile _____</p>
<p>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"/></p>	
<p>PLEASE LIST ANY MEDICAL CONDITIONS, MEDICATIONS, ALLERGIES OR SPECIAL NEEDS BELOW</p> <p>_____</p> <p>_____</p>	
<p>Blanket consent has been given for all type A, type B and lower risk C EOTC activity. For more information please see the policies link on the school website</p>	
<p>I give permission for my child/ren to have their <b>work</b> publicly displayed</p> <p style="text-align: right;"><b>YES/NO</b>(please circle one)</p>	
<p>I give permission for my child/ren to have their <b>photo</b> publicly displayed</p> <p style="text-align: right;"><b>YES/NO</b> (please circle one)</p>	
<p>I give permission for my child/ren to be given <b>panadol</b> at school as required</p> <p style="text-align: right;"><b>YES/NO</b> (please circle one)</p>	
<p>I give permission for my child/ren to receive <b>first aid</b></p> <p style="text-align: right;"><b>YES/NO</b> (please circle one)</p>	
<p>In the rare case of the school not being aware of a <b>child's absence</b> we need to contact parents in the interest of child safety. Please allocate a mobile number for this purpose _____</p>	

PARENT/CAREGIVER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_