



Essential Information 2020

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 (see caregivers box above). If electronic communication is not possible please tick hard copy

PLEASE LIST ANY MEDICAL CONDITIONS, MEDICATIONS, ALLERGIES OR SPECIAL NEEDS BELOW

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

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)

I give permission for my child/ren to receive **first aid** **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's safety. Please allocate a mobile number for this purpose _____

PARENT/CAREGIVER SIGNATURE _____

DATE _____