Maraetai Beach School

Essential Information 2021

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 _____