



TURRAMURRA PUBLIC SCHOOL
ESSENTIAL INFORMATION FORM

Family Name:

(1) Child's Name: Class: **** YES / NO

(2) Child's Name: Class: **** YES / NO

(3) Child's Name: Class: **** YES / NO

(4) Child's Name: Class: **** YES / NO

**** Does your child have a medical condition of which the school should be aware? (e.g., allergy, asthma)

If **YES**, a separate medical information form will be sent home.

I hereby give the Principal, or nominee, permission to obtain medical treatment for my child if either parent/guardian cannot be contacted and medical treatment is considered necessary, e.g.;

- a) Calling family doctor or another if family doctor is unavailable
- b) Ambulance Service (Free to all school students)
- c) Transport by private vehicle to doctor, dentist, hospital.

Signed:.....Date:.....
Parent / Guardian



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I hereby give permission for my child/ren:

- * To participate in organised school and inter-school sport.
- * To attend supervised in-school presentations / activities.
- * To be photographed or to have class work published.

[Names published with separate permission only and not on Internet]

Signed: Date:
Parent / Guardian

NEW ADDRESS / PHONE NUMBERS / EMERGENCY DETAILS

This section need **only** be completed if your details have changed e.g., new address, new phone numbers etc.

(1) **New Address:**

.....Postcode:

Home Phone No:Home Fax:

Family e-mail address:

(2) **Mother's Work No:**Mobile:

(3) **Father's Work No:**Mobile:

(4) **Emergency Contact:**Phone:.....

Relationship to child:Mobile:

(5) **2nd Emergency Contact:** Phone:.....

Relationship to child:..... Mobile:

(6) **Family Doctor:**Phone: