



Alyangula Area school
EMERGENCY CONTACT INFORMATION

Family Surname _____

Mother's Workplace _____ Landline # _____

Father's Workplace _____ Landline # _____

Child Name _____ DOB _____

Child Name _____ DOB _____

Child Name _____ DOB _____

Child Name _____ DOB _____

Mother's Name _____ MOBILE _____

Father's Name _____ MOBILE _____

Home Address _____

Postal Address _____

Email Address _____

Emergency Contact Name / Phone _____

Emergency Contact Name / Phone _____

MEDICAL QUICK REFERENCE

Do you consent to qualified staff administering basic first aid?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you give permission for staff to administer Panadol to your child?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you prefer a phone call should we need to administer Panadol?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I understand that in the event of no COMMS the above permissions will be voided	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

NEWSLETTER

How would you like to receive your copy of the Alyangula Area School Newsletter?

I use the Skool Bag app	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
PDF copy via email?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Paper copy given to your child?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

PERMISSION TO PUBLISH

	Use of Photograph/s	Use of Students work	Publishing First Name	Publishing Surname
School Newsletter	Yes / No	Yes / No	Yes / No	Yes / No
School / DoE Website	Yes / No	Yes / No	Yes / No	Yes / No
School Facebook	Yes / No	Yes / No	Yes / No	Yes / No

Signed _____ Date _____