



## Leap Frog to Foundation

### A Taste of Primary School

CHILD'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Does your child have any medical problems, take medication, or have any special needs?

Family Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medicare Card No \_\_\_\_\_ Ambulance Subscription No \_\_\_\_\_

**EMERGENCY CONTACTS:** In case of emergency, or if your child is not to be collected by you, please list 2 people who can be contacted to collect your child.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

#### CONSENT TO MEDICAL ATTENTION

In the event of illness or injury to my child whilst in the Leapfrog Program I authorise the principal or teacher-in-charge of my child, where the principal or teacher-in-charge is unable to contact me, or it is impracticable to contact me consent to my child receiving medical or surgical attention as may be deemed necessary by a medical practitioner, administer such first aid as the principal or staff member may judge to be necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PHOTO AUTHORISATION

The purpose of these photos is to promote Donvale Primary School and to the educational program. These photos will be placed in our school newsletter and will also be placed on the school website. I give permission for my child's image to be included in: (please circle)

Printed promotional material	YES	NO
Donvale PS website	YES	NO
Ultranet	YES	NO

Signature \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_