



57 Ratcliffe Crescent, Florey ACT 2615 PO Box 223, Kippax ACT 2615

Telephone (02) 6142 2730 Website: <u>www.floreyps.act.edu.au</u>

3 February 2021

2021 Student Emergency Contact and Preferred email update

Please return this form <u>ONLY if there have been any changes</u> to your child's emergency contact or preferred email for 2021.

| Please name all children below th | at the changes relate to. | | | | |
|---|---------------------------|--------------|------------|------------|-----------------|
| Child/ren | | | | | |
| 1. Given Name Family Name | | | | | |
| 2. Given Name | | | | | |
| 3. Given Name Family Name | | | | | |
| 4. Given Name | Family Name _ | | | | |
| Preferred email changes: | | | | | |
| Parent Given Name | | | | | |
| Parent Surname | | | | | |
| Preferred email address | | | | | |
| Emergency Contact 1: | | | | | |
| Given Name | Family Name | | | | |
| Street Address | Suburb | State | | Pos | tcode |
| Home Phone | Mobile Phone | Mobile Phone | | Work Phone | |
| Relationship to Child/ren | | | | | |
| Is this person authorised to collect the child/ren from school? | | | Yes | No | (Please circle) |
| Is this person authorised to consent to medical treatment? | | | Yes | No | (Please circle) |
| | | | | | |
| Emergency Contact 2: | | | | | |
| Given Name | Family Name | | | | |
| Street Address | Suburb | State | Postcode | | |
| Home Phone | Mobile Phone | | Work Phone | | |
| Relationship to Child/ren | | | | | |
| Is this person authorised to collect the child/ren from school? | | | Yes | No | (Please circle) |
| Is this person authorised to consent to medical treatment? | | | Yes | No | (Please circle) |