

2014-15 EMERGENCY CONTACT DETAILS

PLEASE RETURN TO YOUR TEACHER ON THE FIRST DAY OF SCHOOL

(One form for each student. Please note: Siblings require individual forms completed per child)

Contact Details (please write clearly in ink)	
Student's name	
Grade	
P.O. Box	
City	
Residence location	
Residence Phone number	
Mother's name	
Mother's mobile	
Mother's email	
Father's name	
Father's mobile	
Father's email	
Name of alternative contact	
Alternative contact's phone number	
Name & grade of siblings	

Who should we contact **first in an emergency?** (Please tick): MOTHER FATHER OTHER (details below)

Other: (name / phone number): _____

Photograph Authorization (please circle yes or no)

Please complete all the below questions. Where there is no response, consent will be implied.

- | | | |
|-----|----|---|
| Yes | No | GAA has permission to include photo, video or audio of my child in the school community publications. (The newsletter, the school website and any other affiliated media please note, student names will not be listed next to photos). |
| Yes | No | GAA has permission to include my child in the School Yearbook (Student names will be listed next to photo). |
| Yes | No | GAA has permission to include photographs of my child in promotional and publicity material (i.e. school prospectus, brochures and general marketing materials). |
| Yes | No | GAA has permission to share my contact details with other parents in GAA (name, email, telephone contact). |

Parent signature: _____

Printed parent name: _____

Date (day/month/year): _____