

FAMILY CONTACT DETAILS – Please update for 2015

Family Name: _____

Name of Eldest Child at FCDPS: _____

Contact details for Adult A – Female		Contact details for Adult B – Male	
Name: _____		Name: _____	
During business hours, how is Adult A to be contacted		During business hours, how is Adult B to be contacted	
Home Phone Number		Home Phone Number	
Mobile Phone Number		Mobile phone number	
Work Phone Number		Work Phone Number	
Days of the week at work		Days of the week at work	
Home Address			
Postal Address			

Please provide details of 2 Emergency Contacts who are willing to care for your child if we are unable to contact you.	
It is your responsibility to ensure your emergency contacts are willing to assist in 2015.	
Name (Contact 1)	
Relationship to student	
Phone Number / Mobile Number	
Name (Contact 2)	
Relationship to student	
Phone Number / Mobile Number	

2015 LOCAL EXCURSION & TRAVEL CONSENT FORM

I grant permission for my child/children to participate in excursions within the local township and travel, on foot or by bus, in the immediate area of Fish Creek during 2015 as required.
NB: for excursions outside our local area a permission form relating to the specific activity/day will be issued.

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, administer such first-aid as the teacher in charge may judge to be reasonably necessary.

***SIGNATURE of Parent/Guardian:** **Date:**.....