

**Ladbrooks School**  
**Medical Information, Emergency Contacts and**  
**Release of Promotional Material**



Child's Name: ----- Class: -----  
 Child's Name: ----- Class: -----  
 Child's Name: ----- Class: -----

Does your child have a medical condition? Yes / No.  
 If yes please state what the condition is and what treatment needs to be given.  
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Does your child have any allergies? Yes / No. If yes please state what the allergy is and what treatment and dosage needs to be given. Again please state name of child if completing this for more than one person  
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Do you provide the school with medication to store for any of the medical conditions / allergies listed above? If yes please provide details.  
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(This information will be checked with medications we currently hold and you will be advised if we need a further supply).

Who is your child's Doctor? Name: -----  
 Clinic Name: -----Phone Number: -----

In case of an accident or injury to your child please provide the following details on who we should try and contact, in order of priority.

Contact	Name	Relationship	Home phone	Cell	Work
1 <sup>st</sup> contact					
2 <sup>nd</sup>					
3 <sup>rd</sup> contact					
4 <sup>th</sup> contact					

Please list any other special instructions or information for school staff or other qualified medical professionals in cases of more serious accident or injury that you want us to be aware of.  
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My residential address is: -----  
 My postal address is: ----- Post Code-----  
 (**For Rural Delivery addresses please add your Rapid Number here**) -----

Please advise the mobile number you previously provided **only if this has changed** that we currently have stored on our mobile phone for text messages in case of a school wide emergency.  
 Name \_\_\_\_\_ Number \_\_\_\_\_

**Promotional Material**

- I give permission for my child/children being
1. Included in photographs or video selected by us for use in publicity and promotional material
  2. Selected by the media as a part of items shown either in print / radio or electronic (TV/Web based) mediums
  3. Selected to have her work and/or photograph published in the school newsletter and on the school internet site

Or  
 I do not give permission for any publicity material on my child to be publicly displayed.

Parent Name: -----  
 Signed: -----