



Dear Mater Dei Parents,

Each year, we update Family Information to keep the most up to date data for your family. To ensure our data is correct, can you please complete the following information for your child / children.

This includes Media Consent. Please tick the appropriate box below for each of your children to show that you **consent** or **do not consent** to *your child being photographed and/or named in publications of the school, Catholic Education Office and Diocese of Toowoomba and external school sport representation including but without limitation, any internet or website, year book, newsletter, advertising or promotional material or press release.*

A 'NO' to media consent means that your child will be withdrawn from these photographs and their name will not be mentioned in the school newsletter. (Please be aware that consent cannot be conditional or on a case by case basis – this is simply too time consuming for the school to record and apply accurately).

If you have any queries, or need to provide additional information, please do not hesitate to contact the office via [materdei@twb.catholic.edu.au](mailto:materdei@twb.catholic.edu.au)

Thank You,  
Mater Dei Office



**Student Details (1)**

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**Surname:** **Given Names:**  
**Preferred Name:** **Gender:**  Male  Female  
**Date of Birth:** **Year / Class:**

**Medical Details – Allergies / Medical Alerts** (please specify any allergies / medical alerts, particularly ANAPHYLAXIS, relating to your child e.g. epilepsy, asthma, allergy to nuts etc. Please complete a [Medication Form](#) if medication is required for any alert)

**Media Consent**  Yes  No

**Student Details (2)**

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**Surname:** **Given Names:**  
**Preferred Name:** **Gender:**  Male  Female  
**Date of Birth:** **Year / Class:**

**Medical Details – Allergies / Medical Alerts** (please specify any allergies / medical alerts, particularly ANAPHYLAXIS, relating to your child e.g. epilepsy, asthma, allergy to nuts etc. Please complete a [Medication Form](#) if medication is required for any alert)

**Media Consent**  Yes  No

**Student Details (3)**

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**Surname:** **Given Names:**  
**Preferred Name:** **Gender:**  Male  Female  
**Date of Birth:** **Year / Class:**

**Medical Details – Allergies / Medical Alerts** (please specify any allergies / medical alerts, particularly ANAPHYLAXIS, relating to your child e.g. epilepsy, asthma, allergy to nuts etc. Please complete a [Medication Form](#) if medication is required for any alert)

**Media Consent**  Yes  No

**Student Details (4)**

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**Surname:** **Given Names:**  
**Preferred Name:** **Gender:**  Male  Female  
**Date of Birth:** **Year / Class:**

**Medical Details – Allergies / Medical Alerts** (please specify any allergies / medical alerts, particularly ANAPHYLAXIS, relating to your child e.g. epilepsy, asthma, allergy to nuts etc. Please complete a [Medication Form](#) if medication is required for any alert)

**Media Consent**  Yes  No

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**Primary Contact Details**

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Please note that correspondence such as school fees are sent electronically, please provide a primary email address and mobile number.

**Email:**

**Mobile:**

**Parent / Carer (including emergency contact details)**

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**Name:**

**Relationship to Child:**

**Home Address:**

**Postal Address** (if different to Home Address):

**Mobile Number:**

**Email Address:**

**Home Number:**

**Work Number:**

**Emergency Contact**

**Residential Guardian**

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**Name:**

**Relationship to Child:**

**Home Address:**

**Postal Address** (if different to Home Address):

**Mobile Number:**

**Email Address:**

**Home Number:**

**Work Number:**

**Emergency Contact**

**Residential Guardian**

---

**Name:**

**Relationship to Child:**

**Home Address:**

**Postal Address** (if different to Home Address):

**Mobile Number:**

**Email Address:**

**Home Number:**

**Work Number:**

**Emergency Contact**

**Residential Guardian**

---

**Name:**

**Relationship to Child:**

**Home Address:**

**Postal Address** (if different to Home Address):

**Mobile Number:**

**Email Address:**

**Home Number:**

**Work Number:**

**Emergency Contact**

**Residential Guardian**

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