



CONFIDENTIAL STUDENT INFORMATION

Please complete all Sections of this form as this information is vital to the school if your child is sick

PLEASE RETURN THIS FORM TO YOUR CHILD'S CLASS TEACHER IMMEDIATELY

DATE: _____ (Please Print All Information Clearly)

FAMILY NAME: _____ HOME PHONE NO: _____

ADDRESS: _____ MOBILE NO: _____

Residential: _____

Postal: _____

Email: _____

CHILD'S CHRISTIAN NAME:

CLASS LEVEL & TEACHER'S NAME

1. _____

In an emergency situation the school will contact the home number or parents'/legal guardians' work numbers, first. (Should you be unable to accept calls at your place of work please state this next to the phone number.)

If possible, please supply **two** emergency contacts other than the home number.

Please make sure that the persons that you nominate are aware that you have listed them.

FATHER /GUARDIAN CHRISTIAN NAME: _____

FATHER/GUARDIAN WORK NO: _____ OCCUPATION: _____

MOBILE PHONE NO: _____

MOTHER/GUARDIAN CHRISTIAN NAME: _____

MOTHER/GUARDIAN WORK NO: _____ OCCUPATION: _____

MOBILE PHONE NO: _____

EMERGENCY CONTACT NO. 1 (Other than Mother /Father/Guardian)

NAME: _____ RELATIONSHIP TO CHILD: _____

PHONE NO: _____

EMERGENCY CONTACT NO. 2 (Other than Mother/ Father/Guardian)

NAME: _____ RELATIONSHIP TO CHILD: _____

PHONE NO: _____

- a) 1. Consent to the school seeking such medical or dental service advice on behalf of my child as it sees fit in the event of accident or illness. If in the opinion of an attending medical or dental practitioner my child requires medical or dental attention or treatment. I consent to this being carried out. However, every effort will be made to contact parents for permission if at all possible.
- b) 2. Certify that the consent which I have given in paragraph (1) is valid at all times while my child is in the custody of the school including but not limited to such times as my child is at school, is present at school camps or is attending or participating in a work experience program, outing excursion or function or school activity.
- c) 3. Consent to the school providing sunscreen to my child on appropriate occasions.

d) Please circle yes or no to the following question:

- 1. My child suffers from an illness or disability which might interfere with or inhibit any medical or dental attention or treatment.

YES

NO

- 2. Give notice that my child suffers from the following illnesses or disabilities and/or takes medication which might interfere with or inhibit any medical or dental attention or treatment.

- 3. I have completed a Student Health Care Information Form. Yes/No

- 4. I have completed an Asthma Medical Form Yes/No

- e) Certify that I understand that the school will take all reasonable care in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child.

- f) I accept that the Staff may take whatever action they deem necessary to ensure the health, safety and welfare of my child, in accordance with the schools policies.

Date _____ Signed _____
 Parent/Guardian