

EMERGENCY INFORMATION FORM



Dear Parents,

To update our school records would you please complete the form below and return it to the office at school.

This information helps in the speedy care of your child and the efficient operation of the office.

One form per family is required to be filled out in full.

Thanking you for your cooperation.

Glen Walker
Principal

Family Surname

Residential Address

Children Age

.....

State Postcode

Postal Address

.....

State Postcode

Home Phone N^o (03)

Email

(Please include names of children not yet at school)

PARENT 1

Name

Place of Work

Work Phone No

Mobile No

PARENT 2

Name

Place of Work

Work Phone No

Mobile No

OTHER EMERGENCY CONTACTS (if parents are unable to be contacted)

Name Relationship to Child Phone No

Name Relationship to Child Phone No

Name Relationship to Child Phone No

WHEN MEDICAL AID IS NECESSARY

Family Doctor Phone

Child Uses a Puffer YES NO

Allergies/Serious Illnesses

Continual Drugs/Tablets Being Taken.....

Child Uses a Puffer YES NO

Allergies/Serious Illnesses

Continual Drugs/Tablets Being Taken.....

Any relevant additional information needs to be attached to this form