

# HAMILTON SOUTH PUBLIC SCHOOL STUDENT INFORMATION /EMERGENCY

**Accident and Illness:**

Please complete this form and return to the school office as soon as possible.

Please do not underestimate the value of the information provided on the form as it allows school staff to act quickly and appropriately in the case of sickness or accident. Unfortunately, the enrolment forms do not carry sufficient information for this and are often out of date.

**STUDENT'S NAME:** \_\_\_\_\_

**RELIGION:** \_\_\_\_\_ **CLASS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **POST CODE:** \_\_\_\_\_

Would you please supply any information regarding your child's health that you feel is relevant, e.g., physical disability, medical condition, known allergies, asthma etc. (If your child suffers from asthma, please see the school office staff for another form which will need to be completed.)

Could you please indicate the order in which the contact people are to be rung by placing numbers in the boxes provided.

Phone Nos:

☐ **MOTHER'S NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Mobile :** \_\_\_\_\_

☐ **FATHER'S NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Mobile :** \_\_\_\_\_

☐ **GUARDIAN'S NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Mobile :** \_\_\_\_\_

**Names of CONTACT PERSONS when PARENT/GUARDIAN CANNOT BE CONTACTED:**

**CONTACT No 1:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Home Phone No:** \_\_\_\_\_ **Mobile :** \_\_\_\_\_

**CONTACT No 2:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Home Phone No:** \_\_\_\_\_ **Mobile :** \_\_\_\_\_

**AMBULANCE AUTHORISED IN EMERGENCY:** YES NO

**DOCTOR AUTHORISED IN EMERGENCY:** YES NO **DOCTOR NOMINATED:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**HOSPITAL AUTHORISED IN EMERGENCY:** YES NO **HOSPITAL NOMINATED:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

(Parent/Caregiver)

**Date:** \_\_\_\_\_