

HAMILTON SOUTH PUBLIC SCHOOL STUDENT INFORMATION /EMERGENCY DETAILS

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 Unfortunately, the enrolment forms do not carry sufficient information for this and are often out of date.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: _____

Other Siblings: (including pre-schoolers) First Name: _____ Surname: _____ Age: _____

HOME ADDRESS: _____ **POST CODE:** _____

MEDICAL- please supply any information regarding your child's health , e.g., physical disability, medical condition, known allergies, asthma etc. (If you child suffers from asthma, please see the school office staff (or online) 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: _____

Email Address: _____ Mobile : _____

☐ FATHER'S NAME: _____ ADDRESS: _____ Home: _____

OCCUPATION: _____ EMPLOYER: _____ Work: _____

Email Address: _____ Mobile : _____

☐ GUARDIAN'S NAME: _____ ADDRESS: _____ Home: _____

OCCUPATION: _____ EMPLOYER: _____ Work: _____

Email Address: _____ 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: _____