

# STUDENT EMERGENCY INFORMATION

(1 form per child)

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Class: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

## Mother's Details:

## Father's Details:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home: \_\_\_\_\_

Home: \_\_\_\_\_

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

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

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Does your child have any allergies: YES / NO

Has your child been fully immunised: YES / NO

Medication/s: \_\_\_\_\_

Allergies: \_\_\_\_\_

In the event your child suffers from an accident or injury at school, the school will endeavour to contact the parents/guardians or persons named below.

### **1<sup>st</sup> Emergency Contact (during school hours)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

### **2<sup>nd</sup> Emergency Contact (during school hours)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

I understand if my child needs to take medication of any type, the school must be notified and a consent form signed, with clear instructions attached.