CAROLINE CHISHOLM SSP EMERGENCY CONTACT 2019

DATE:

STUDENT INFORMATION UPDATE

Parents and Caregivers, please provide the follow crucial as the school is only able to provide limit	wing information for your child. Up to date contact numbers are ted first aid. Please complete all sections.
CHILDS FULL NAME:	CLASS:
D.O.B.:	
HOME PHONE NO:	
Name:	
In the event of my child suffering an accident or collect him/her by contacting:	illness requiring home attention, the school can have someone
Father (full name):	
Work Phone:	Mobile:
Mother (full name):	
Work Phone:	Mobile:
(Hours worked part time, if applicable):	
	Relationship:
Phone No: Address:	
2. Full Name:	Relationship:
Phone No: Address:	
	mission for the school to seek medical attention at a hospital. I meet the ambulance at the hospital as soon as possible as staff oses.
MEDICAL DETAILS	
1. Any chronic medical conditions the ch	ild suffers
2. Serious allergies eg Penicillin, bee stin	gs etc
3. Drugs / tablets being taken	
4. Family doctor - Full Name:	Phone:
Address:	
Signed:	Date:
(Parent/Caregiver)	

Privacy and Personal Information Protection Act 1998

The personal information provided on the Enrolment Form is being obtained for the purpose of processing the student's application for enrolment. It will be used by the Department of Education and Training for general student administration and communication and other matters relating to the education and welfare of the student. While the provision of this information is voluntary, if you do not provide all or any of this information, it may delay or prevent the processing of this application for enrolment. This information will be stored securely. You may access or correct any personal information provided by contacting the school.