



CONTACT INFORMATION 2018

Family Name: _____

Address: _____

Home phone: _____

Parent / Carer 1 Name: _____ **work:** _____

Mobile: _____ **E-Mail:** _____

Parent / Carer 2 Name: _____ **work:** _____

Mobile: _____ **E-Mail:** _____

Emergency contact details: (please provide two names other than parents / carers)

1. **Name:** _____ **Relationship (to student):** _____

Contact number: _____

2. **Name:** _____ **Relationship (to student):** _____

Contact number: _____

Student medical details:

Doctor's name and medical centre: _____

Contact number: _____

I give permission for the school to seek information from the doctor/medical centre named above about how to manage any allergy or medical condition experienced by the student.

Yes ☐ No ☐

Do you have Private Health Insurance: Yes / No **Membership No.:** _____

Please provide any Allergies or other medical conditions:

Parent/Guardian's Signature: _____

Parent/Guardian's Name: _____

Date: _____