



**Meadowbank Public School
Pupil Information and Emergency Contacts 2019**

Home Phone No: _____ Child's Surname: _____
 Home Address: _____
 Parent Email: _____

1st Emergency Contact Parent	2nd Emergency Contact Parent
Name: _____	Name: _____
Phone:(Mobile) _____ (Work) _____	Phone: (Mobile) _____ (Work) _____

Other Emergency Contact other than parent - Name: _____
 Relationship: _____ Phone: _____

Student Name	Male or Female	D.O.B	Class	Asthma YES/NO*	Anaphalaxis YES/NO*	Other
1.						
2.						
3.						

* If Yes, please provide full details below. (Please note, if Yes for Asthma and or Anaphylaxis a copy of your child's Action Plan is also required)

Family Doctor: _____ Phone: _____ Medicare No: _____ Exp _____

Private Health Fund No: _____

If it is not possible to contact persons as listed on this form, I authorise the school to obtain medical advice & if required transport to hospital. (A copy of this information form will be made available to the hospital.) I give permission for my child to be transported by ambulance. (Ambulance service, if required, is at no cost to parent.)

Signature of parent/ carer: _____ **Date** _____

The information provided on this form is being obtained for the purpose of emergency contact by Meadowbank Staff with parents/carers and may be supplied as required to Doctors/Ambulance or Hospitals.

I give permission for my child/ren to participate in walking excursions, authorised by the Principal, to local places of interest within walking distance of the school.

Signature of parent/carer: _____ **Date** _____