



Ambarvale Public School

Copperfield Drive, Ambarvale, 2560
Telephone 4626 1485 Facsimile 4628 0430 Principal: Mrs Karinna Green

2021 Updating Student Information, Contact Details and Medical Information

Student Information

Surname of child: _____ First name of child: _____
DOB: _____ Class: _____ Year: _____

Contacts

Parent Contacts

Parent information (1)

Name: _____ Relationship to child: _____
Address: _____
Home phone: _____ Work phone: _____ Mobile: _____

Parent information (2)

Name: _____ Relationship to child: _____
Address: _____
Home phone: _____ Work phone: _____ Mobile: _____

Family Email: _____
(Most used email address)

Emergency Contacts (Other than Parents listed above)

Emergency contact (1)

Name: _____ Relationship to child: _____
Address: _____
Home phone: _____ Work phone: _____ Mobile: _____

Emergency contact (2)

Name: _____ Relationship to child: _____
Address: _____
Home phone: _____ Work phone: _____ Mobile: _____

Additional Information

Care/Living Arrangements

Parent/s or Carer/s who child normally resides with _____
Please give details of care arrangements if applicable _____

School Report required for parent not living with student Yes / No

If yes, please provide name and address: _____

Custody/Court Orders (please tick)

Yes / No If Yes, please supply the school with a copy of papers.

Travel Arrangements

Please give details of how your child travels home each afternoon (eg walk, bus, parent/carer etc)

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

[Please complete the medical information on the back of this page]

Medical Information

Medicare number

Reference No:

Expiry Date:

Allergies/Anaphylaxis (eg peanuts, insect stings, other...)

My child suffers from an allergy/allergies Yes / No Epipen required Yes / No

If Yes, please specify any allergy/allergies suffered by your child: _____

Asthma

My child suffers from asthma (if YES please complete the next 3 tick boxes) Yes / No

My child's asthma is regarded as: mild / severe

My child only takes asthma medication at home Yes / No

My child may require asthma medication at school Yes / No

If Yes, the school will provide further information for you to complete to ensure we support your child's needs.

Other Medical Conditions (eg diabetes, epilepsy, other...)

Does your child suffer from any other medical condition? Yes / No

If Yes, please provide details: _____

Does your child require support at school to support this condition? Yes / No

If Yes, please provide details: _____

If Yes, the school will provide further information for you to complete to ensure we support your child's needs.

Medication

My child needs to take medication on a regular basis Yes / No

If Yes, please provide details: _____

If Yes, the school will provide further information for you to complete to ensure we support your child's needs.

Medical Emergency

I/We consent to the securing of ambulance, medical or dental attention on my/our behalf in the event of serious illness or accident to my child, or if we cannot be contacted.

Parent (1) /Carer (1) Signature: _____ Date: _____

Parent (2)/Carer (2) Signature: _____ Date: _____

Thank you for completing the *2018 Updating Student Information/Contact Details and Medical Information*. Please return to the school as soon as possible so that we may update our records.

Name of Parent/Carer completing this form: _____

Signature: _____ Date: _____