

UPDATE INFORMATION FOR 2016

Could all parents please fill in this form and **return it to their homebase teacher ASAP** – even though there may not be any changes to your circumstances from last year.

CHILD'S NAME:..... **HOMEBASE:**.....

MOTHER'S / GUARDIAN'S NAME:.....

RESIDENTIAL ADDRESS:.....

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):.....

HOME PHONE NUMBER:.....

OCCUPATION AND EMPLOYER:.....

WORK PHONE NO:..... MOBILE:.....

FATHER'S / GUARDIAN'S NAME:.....

RESIDENTIAL ADDRESS (IF DIFFERENT FROM ABOVE):.....

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):.....

HOME PHONE NUMBER:.....

OCCUPATION AND EMPLOYER:.....

WORK PHONE NO:..... MOBILE:.....

ANY MEDICAL INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD – eg. ASTHMA, ANAPHYLAXIS, ALLERGIES, EPILEPSY, DIABETIES, ETC.

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IF YES: HAS THE APPROPRIATE PLAN / MEDICATION FORM BEEN GIVEN TO THE SCHOOL? YES / NO

NAMES & PHONE NUMBERS OF RELATIVES, FRIENDS OR NEIGHBOURS WE CAN CONTACT IN AN EMERGENCY: (IF PARENTS CANNOT BE CONTACTED)

1. NAME / RELATIONSHIP TO CHILD:.....

PHONE NO:.....

2. NAME / RELATIONSHIP TO CHILD:.....

PHONE NO:.....

3. NAME / RELATIONSHIP TO CHILD:.....

PHONE NO:.....

4. NAME / RELATIONSHIP TO CHILD:.....

PHONE NO:.....

NAME, ADDRESS & PHONE NUMBER OF YOUR CHILD'S DOCTOR:

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MEDICARE NUMBER:.....AMBULANCE MEMBER YES / NO

HAS YOUR CHILD BEEN FULLY IMMUNISED?: YES / NO

DO YOU REQUIRE A SECOND COPY OF THE REPORT?: YES / NO