



EMMAUS CHRISTIAN SCHOOL

MEDICAL INFORMATION, CONTACTS, INDEMNITY FORM

FATHER/GUARDIAN'S DETAILS

Title (Mr/Dr) / Name: _____

Occupation: _____ Employer: _____

Phone: Home: _____ Work : _____ Mobile: _____

Email: _____

Home Address: _____ Postcode: _____

Correspondence Address: _____ Postcode: _____

Church Fellowship: _____ Pastor's Name: _____

MOTHER/GUARDIAN'S DETAILS

Title (Mrs/Miss/Ms/Dr) / Name: _____

Occupation: _____ Employer: _____

Phone: Home: _____ Work: _____ Mobile: _____

Email: _____

Home Address: _____ Postcode: _____

Correspondence Address: _____ Postcode: _____

Church Fellowship: _____ Pastor's Name: _____

EMERGENCY CONTACTS - Please list 2 adults (other than parents)

Name	Relationship	Daytime Phone No's
1. _____	_____	_____
2. _____	_____	_____

DECLARATION MEDICAL ATTENTION

Due to Department of Health regulations (pharmaceutical branch) no medication may be given to students unless authorised and supplied by their parents. Paracetamol tablets are held in the Front Office by the First Aid Officer, should it be required by your child. Any other medications will need to be supplied to the First Aid Officer, with your child's name and instructions for use.

PLEASE NOTE: we cannot administer panadol to children in Preschool.

I give authority for the First Aid Officer to administer Paracetamol to my child Yes or No

In case of an emergency, I/we am/are aware that the School may:

- * arrange transport of my child by ambulance;
- * seek medical attention for my/our child at the nearest or most convenient medical facility;
- * advise the emergency contact listed above.

I/We understand that neither Emmaus Christian School nor the North Canberra Christian Education Association accepts responsibility for costs incurred on my/ our behalf in securing medical treatment and associated services for any of my/our children.

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date

FAMILY DETAILS

Parental Responsibility – Please mark the relevant box below with a tick.

Note: It may be necessary to tick more than one box.

- | | |
|---|---|
| <input type="checkbox"/> 1. Student/s live/lives with both parents together. | <input type="checkbox"/> 7. Father has sole responsibility for day to day care. |
| <input type="checkbox"/> 2. Student/s live/lives with each parent at different times. | <input type="checkbox"/> 8. Both parents share parental responsibility for education. |
| <input type="checkbox"/> 3. Student/s live/lives with mother. | <input type="checkbox"/> 9. Mother has sole parental responsibility for education. |
| <input type="checkbox"/> 4. Student/s live/lives with father. | <input type="checkbox"/> 10. Father has sole parental responsibility for education. |
| <input type="checkbox"/> 5. Both parents share parental responsibility for day | <input type="checkbox"/> 11. Other – give details: |
| <input type="checkbox"/> 6. Mother has sole responsibility for day to day care. | |

First Child currently attending Emmaus:

Surname: _____ Given Names: _____

Home Address: _____

Home Phone No: _____ Date of Birth: _____

Second Child currently attending Emmaus:

Surname: _____ Given Names: _____

Home Address: _____

Home Phone No: _____ Date of Birth: _____

Third Child currently attending Emmaus:

Surname: _____ Given Names: _____

Home Address: _____

Home Phone No: _____ Date of Birth: _____

Fourth Child currently attending Emmaus:

Surname: _____ Given Names: _____

Home Address: _____

Home Phone No: _____ Date of Birth: _____

PHOTOGRAPHIC PERMISSION

Photographs are sometimes taken of individual students or classes for promotional or educational uses. These can include school publications like The Source, Emmaus Year Book, and Information Kits etc, school websites and other media like newspapers or local television news. Please check the box below if you **DO NOT** want your child photographed.

I **DO NOT** want photographs taken of my child.

GENERAL CORRESPONDANCE AND FEE ACCOUNTS

To whom should general correspondance be sent to?

- Both parents
- Mother
- Father
- Other, please provide details _____

To whom should fee accounts be sent to?

- Both parents
- Mother
- Father
- Other, please provide details _____

NOTE: The Emmaus Parent Involvement Program is a chargeable fee and therefore will be billed as indicated above unless another prearrangement is established with the Bursar. Please see PIP policy for details.

GENERAL CONSENT

I/We consent to our family (and Christian) names being included in the Parent Contact List which is distributed to all school families. Yes or No

Please tick and circle which details are to be included: Mobile phone (Mother's/Father's/Both)
 Email (Mother's/Father's/Both)

I/We hereby consent to my child/children attending or participating in School activities approved by the Head of School including small excursions to the Dickson area, within short walking distance of the school, including Pre-School children being escorted to and supervised at the School Playground. I understand every effort will be made for the safety of my child/children during these visits and advance notice will be usually given for such trips.

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date

(IMPORTANT - Both parents/guardians are required to sign)

CHILDREN'S HEALTH INFORMATION

First Child

Surname: _____ Given Names: _____

Date of Last Tetanus Injection: _____ Immunization Records Provided Yes No

Please check any of the following conditions to which the child is subject to, giving details of frequency:

Asthma: _____ Hay fever: _____

Fits: _____ Other: _____

Does your child suffer from any allergic reactions? If so, please give details.

General Practitioner Asthma/Allergy/Hay fever/Medication and Medical Plan attached: Yes / No

Are there any special medical, physical or emotional conditions of which the school should be aware during the school day? _____

Does your child receive any regular medication? Give details and effects:

.....

Second Child

Surname: _____ Given Names: _____

Date of Last Tetanus Injection: _____ Immunization Records Provided Yes No

Please check any of the following conditions to which the child is subject to, giving details of frequency:

Asthma: _____ Hay fever: _____

Fits: _____ Other: _____

Does your child suffer from any allergic reactions? If so, please give details.

General Practitioner Asthma/Allergy/Hay fever/Medication and Medical Plan Provided: Yes / No

Are there any special medical, physical or emotional conditions of which the school should be aware during the school day? _____

Does your child receive any regular medication? Give details and effects:

.....

Third Child

Surname: _____ Given Names: _____

Date of Last Tetanus Injection: _____ Immunization Records Provided Yes No

Please check any of the following conditions to which the child is subject to, giving details of frequency:

Asthma: _____ Hay fever: _____

Fits: _____ Other: _____

Does your child suffer from any allergic reactions? If so, please give details.

General Practitioner Asthma/Allergy/Hay fever/Medication and Medical Plan Provided: Yes / No

Are there any special medical, physical or emotional conditions of which the school should be aware during the school day? _____

Does your child receive any regular medication? Give details and effects:

.....

Fourth Child

Surname: _____ Given Names: _____

Date of Last Tetanus Injection: _____ Immunization Records Provided Yes No

Please check any of the following conditions to which the child is subject to, giving details of frequency:

Asthma: _____ Hay fever: _____

Fits: _____ Other: _____

Does your child suffer from any allergic reactions? If so, please give details.

General Practitioner Asthma/Allergy/Hay fever/Medication and Medical Plan Provided: Yes / No

Are there any special medical, physical or emotional conditions of which the school should be aware during the school day? _____

Does your child receive any regular medication? Give details and effects: