

# St Stephen's Primary School

## 2018 Family Particulars Update Form

(This form must be completed each year)

Date: \_\_\_\_\_

	Parent / Guardian ( <u>mother</u> ) Residing with child	Parent / Guardian ( <u>father</u> ) Residing with child	Parent Not residing with child
Title (eg Mr / Mrs)			
Surname			
Other Name/s			
Preferred Name			
Marital Status			
Relationship to child			
Home Address			Is correspondence required, including Newsletter? (yes / no) Report Card? Yes / No
Address for Correspondence			:
			:
Home Phone Number			
Mobile Phone Number			
Fax Number			
Daytime Contact Number			

Family Email Address: \_\_\_\_\_

**Emergency Contacts: PLEASE NOTE WE CAN ONLY CONTACT PEOPLE ON THIS LIST**

Name	Relationship to Child	Phone Number
1.		
2.		
3.		

**Health Services:**

Family Doctor	Phone Number
Family Dentist	Phone Number

Do you give permission for your child to participate in local excursions away from school, which usually involve walking? (e.g. Beauaraba Lodge, Swimming Pool, Bridgman Oval, Parish Oval, Church) <span style="float: right;">Yes _____ No _____</span>
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Please turn over...

	Child 1	Child 2	Child 3	Child 4
<b>Name</b>				
<b>Date of Birth</b>				
<b>Allergies or health alerts, which may require emergency attention at school</b>				
<b>Medication</b>				
<p>The Administration of Medication at School Form can be found on the website and the Skoolbag App. If your child requires medication all year round (eg. Ventolin) this form only needs to be filled out at the beginning of the year. If your child requires medication for a short period of time (eg. Antibiotics) you will need to complete a form for each medication to be given.</p>				
<b>Does your child suffer from asthma? Yes/No If so, an asthma plan is required by the school so office staff can administer medication.</b>				
<b>Does your child require medication at school? (if yes, you will be required to fill out a medication form)</b>				
<b>Regular Medications your child takes at home</b>				

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If possible, we would appreciate it if both parents sign this form please)