**CHANGE OF PERSONAL DETAILS**

**To keep our records updated, please fill out the form below, ONLY if any of your personal details have changed.**

**Student Name: ………………………………………………………………………………………………….**

**Address: …………………………………………………………………………………………………………………………....**

 **…………………………………………………………………………………………………………………………….**

**Email: ………………………………………………………………………………………………………………………………..**

**Medical Conditions**

Please list any medical conditions that your child suffers from that we should be aware of (eg. Asthma, ADD, Epilepsy, Severe Headaches, Migraine, Allergies etc.).

List of medical conditions and their related symptoms:-

|  |  |
| --- | --- |
| **Condition** | **Symptoms** |
|  |  |
|  |  |
|  |  |

I hereby give the school permission to administer the following medication/emergency treatment, to my child, if required, for the above mentioned condition/s. (eg. ADD)

|  |  |
| --- | --- |
| Medication/Emergency Treatment | Dosage (if applicable) |
|  |  |
|  |  |

**Parental Contact**

Phone: Mother Home: ………………………… Work: ………………………. Mobile: ……………………………………

Phone: Father Home: ………………………… Work: ………………………. Mobile: ……………………………………

**Emergency Contact** – (*other than Parent/Guardian*)

Name:………………………………………Relationship:……………………Phone: Home: ………………………… Work: ………………………. Mobile: ……………………………………

Name:………………………………………Relationship:……………………Phone: Home: ………………………… Work: ………………………. Mobile: ……………………………………

I give permission for the school to call Dr …………………………….. Phone: …………………………………… OR an ambulance in the event of an emergency.

|  |
| --- |
| **Signed:…………………………………………………………….Parent/Guardian Date:…………………………………………….**  |
|  |