

UPDATE OF PUPIL INFORMATION

Each year West End School updates each child's individual personal and emergency contact records. Please complete the form below as fully as possible as it is vital that we have the correct information for your child.

IF ALL INFORMATION RELATING TO CONTACTS / CAREGIVERS ARE THE SAME FOR EACH OF YOUR CHILDREN AT WEST END PLEASE COMPLETE ONE FORM ONLY. If details vary for different children in your family complete one form for each child. WE DO REQUIRE EVERY FAMILY TO COMPLETE THIS FORM.

Child/ren's Name/s:			
Child/ren's Home Address		Child/ren's Home Phone No:	

Parent / Caregiver # 1

Parent/Caregiver 's Name:		Relationship to Child/ren	
Do You Live with Child/ren	YES / NO	Home Phone if Different From Child/ren's	
Your Work Phone No		Mobile Phone	

Parent / Caregiver #

Parent/Caregiver 's Name:		Relationship to Child/ren	
Do You Live with Child/ren	YES / NO	Home Phone if Different From Child/ren's	
Your Work Phone No		Mobile Phone	

Parent / Caregiver # 3

Parent/Caregiver 's Name:		Relationship to Child/ren	
Do You Live with Child/ren	YES / NO	Home Phone if Different From Child/ren's	
Your Work Phone No		Mobile Phone	

Emergency Contacts (other than parents/caregivers above)

Name	Daytime Contact	Relationship to Child/ren (eg Grandparent, Aunty, Family Friend, etc)

I authorize the above named emergency contact people to collect my child/ren from school in the event of sickness or a Civil Defence Emergency should I/we be unavailable.

SIGNED: _____ (Parent / Caregiver) -

PLEASE COMPLETE MEDICAL DETAILS OVER PAGE

MEDICAL CONDITIONS / DOCTORS CONTACT

Please list any medical conditions that the school needs to be aware of and note your family doctors name and contact number.

CHILD'S NAME _____

Allergies / Asthma	Sight
Medication	Hearing
Speech	Serious Health Problems

CHILD'S NAME _____

Allergies / Asthma	Sight
Medication	Hearing
Speech	Serious Health Problems

CHILD'S NAME _____

Allergies / Asthma	Sight
Medication	Hearing
Speech	Serious Health Problems

Name of Family Doctor: _____ Phone: _____