



# St. Joseph's Primary School

## CONTACT & EMERGENCY CARE INFORMATION

Students' Names	Date of Birth	Class	Child Number on Medicare Card

<b>PARENTS/CAREGIVERS NAMES</b> (residing with children)				
Home address				
Mailing address				
Email address				<b>Receive newsletter via email</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone	Mother's Work	Mother's Mobile	Father's Work	Father's Mobile
Medicare Number				

EMERGENCY CONTACTS			
Name	Address	Home Phone	Mobile or Work Phone

DOCTOR			
Name		Phone	

Any special medical details (asthma, allergies etc) or other important information

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Signed (parent/caregiver) \_\_\_\_\_ Date \_\_\_\_\_