



Student Emergency Information

Child's Full Name: _____ I.D. Number _____

Address of Parents (s) or Guardian:

Other relevant Address:

Post code: _____

Post code: _____

Date of birth: _____

Father's Name: _____

Mother's Name: _____

Telephone & Mobile Numbers:

Home no: _____

Father's mob: _____

Mother's mob: _____

Work – Father: _____

Occupation: _____

Work – Mother: _____

Occupation: _____

Family Doctor/Child's Physician: _____

Telephone and mobile numbers: _____

Known allergies and other medical concerns:

Emergency Contacts

Others to contact in an emergency if parents cannot be reached:

1. Name: _____ Relationship to child: _____

Home Number: _____ Mobile Number: _____

2. Name: _____ Relationship to child: _____

Home Number: _____ Mobile Number: _____

Consent Declaration:

I give permission for appropriate emergency medical assistance and treatment, namely that the School will notify Emergency first and the parents second; and that should the ambulance and paramedics present themselves before the parents, a staff member will accompany the said student to be examined and treated by doctors, at hospital/policlinic, in the event of an accident occurring either at school, or during an outing, if no contact person can be reached.

Signature

I.D. card number