



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 by doctors, at hospital/policlinic, in the event of an accident occurring both at school and during an outing, if no contact person can be reached

Signature
number

I.D. card