

## 2017 Emergency Contact

### Emergency Contacts

Student(s) Name .....

Parents/Caregivers .....

Residential Address (please include Rapid Rural Number & Road Name)

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Contact No's ..... Home No ..... Work No

..... Home No ..... Work No

..... Mobile No ..... Mobile No

..... Email ..... Email

Emergency Contacts: (people who know how to contact you in the case of an emergency)

1. Contact Person .....

Relationship ..... Home No .....

Mobile No.....

1. Contact Person .....

Relationship ..... Home No .....

Mobile No.....

**Please Note...** The more information you are able to provide the school with, the easier it will be to contact you in the event of an emergency concerning your child/children!

## 2017 Medical Update Form

### Medical Update Form

Student(s) Name .....

Medical (problems/treatment/medication) .....

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.....

What pain/flu medication may your child/ren be given if necessary?

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Is your child allowed to have homeopathic medication administered (i.e. arnica) YES/NO

Signed ..... Parent/Caregiver

### Asthma Awareness School!

Due to the increased number of children that are carrying Ventolin Inhalers we are updating our medical records for **ALL** students.

Student(s) Name ..... has been/has not been medically diagnosed as '**Asthmatic**' by our family doctor .....

The staff at Aria School have our permission to take the following action should our child have an '**asthma attack**' at school.

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Our child has not been medically diagnosed as an asthmatic but carries a doctor issued Ventolin Inhaler to assist breathing if required.

Signed..... Parent/Caregiver

Privacy Policy: Information requested is essential for the school to provide appropriate programmes of learning and care for students. It will be entered on personal files which are retained by the school and therefore subject to the provisions of the Privacy Act and Schools Privacy Policy.