



Pallamallawa Public School

Centre Street, Pallamallawa. 2399
Phone: 02 6754 9209
Principal: Ms Julie Schwartz
pallamallawa-p.school@det.nsw.edu.au



Education
Public Schools

Update of School Information for each family.

Please fill in the following forms and return to the school as soon as possible.

We are currently updating all information on student/family particulars. Phone numbers and emergency contacts may have changed. In the case of an emergency we need to have accurate information.

Student/s Name: _____

Student's Date of Birth: _____

Student's Address: _____

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Mother's Name: _____

Address: _____

Home Phone No: _____

Work Phone No: _____

Mobile Phone No: _____

Home E-Mail Address: _____

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Father's Name: _____

Address: _____

Home Phone No: _____

Work Phone No: _____

Mobile Phone No: _____

Home E-Mail Address: _____

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Emergency Contact (1)

Name: _____

Address: _____

Phone No: _____ Mobile No _____

Emergency Contact (2)

Name: _____

Address: _____

Phone No: _____ Mobile No; _____



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Medical information form

The information provided by you to Pallamallawa Public School is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about _____ who is applying to enrol at the school and who may participate in any school excursions.

It will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

Student name:

Class:

Medicare Number

Ambulance Cover : Yes / No

Ref No.....Valid To Date.....

Fund Name.....

Health Care Card No.....

Parent or caregiver contact details

Name:

Address:

Home phone: Work: Mobile:

Doctor contact details

Name:

Address:

Doctor's telephone: 1. 2.

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name: Phone:

. Name: Phone:



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**List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.).
 Outline the treatment for each.**

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Outline special dietary needs including possible reaction to inappropriate diet

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Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

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Please indicate any concerns you may have about your child. (E.g. Does Your Child wet the bed?).....

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Parent/ Caregiver Signature:

Date:

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