

**COWAN PUBLIC SCHOOL
STUDENT DETAILS - EMERGENCY CONTACT**

STUDENT'S NAME..... DATE OF BIRTH.....
ADDRESS..... HOME PHONE#.....
MOTHER'S WORK PHONE #..... MOBILE #.....
FATHER'S WORK PHONE #..... MOBILE #.....
EMAIL ADDRESSES

(Please supply an email address for newsletter distribution and out-of-hours contact)

CAREGIVERS IF PARENTS UNAVAILABLE

CONTACT 1: NAME..... PHONE #.....
CONTACT 2: NAME..... PHONE #.....

DOCTOR'S NAME..... PHONE #.....

MEDICARE NO:..... POSITION ON CARD:

DATE OF LAST TETANUS INJECTION.....

MEDICAL PROBLEMS.....

ALLERGIES.....

I give permission for the Principal, Teacher or Admin staff to administer 'VENTOLIN' if considered advisable, if I cannot be contacted. YES / NO

My child suffers from ASTHMA or has had at least one episode YES / NO
If 'YES', please forward your child's Asthma Management Plan
To the school. Plans should be updated yearly by your Doctor.

I give permission for the Principal, Teacher or Admin staff to seek medical attention if I cannot be contacted. YES / NO

SIGNED..... MOTHER'S NAME.....

DATED..... FATHER'S NAME.....

NB: The school has full Ambulance Cover; this service is at no cost to parents.