



BALD HILLS STATE SCHOOL

Student Contact Details Update

Please complete the details below and return to the school Administration Office for records to be updated.

CHILD/CHILDREN'S NAMES

SURNAME	GIVEN NAMES
1.	
2.	
3.	
4.	
5.	

PARENT/GUARDIAN/CARER DETAILS

1 ST Parent/Guardian/Carer	2 ND Parent/Guardian/Carer
Mr/Mrs/Ms/Miss Surname: _____	Mr/Mrs/Ms/Miss Surname: _____
Given Names: _____	Given Names: _____
Address: _____	Address: _____
_____ Postcode: _____	_____ Postcode: _____
Home Phone: _____	Home Phone: _____
Mobile Number: _____	Mobile Number: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

EMERGENCY CONTACTS

(NOT PARENTS/GUARDIAN/CARERS LISTED ABOVE)

Please ensure that the emergency contact names you provide are people you feel are totally trustworthy to collect your child from school if you cannot be contacted. A friend, neighbour or relative may be your choice but ***it is important you check that they are willing to be recorded on your child's records as an emergency contact.***

	Contact 1	Contact 2	Contact 3
Name			
Relationship			
Home Phone			
Work Phone			
Mobile Phone			

MEDICAL INFORMATION

My child does not have any known medical conditions.

OR

Medical Condition: _____

DOCTOR'S NAME		DOCTOR'S CONTACT NUMBER	
MEDICARE NUMBER		POSITION ON CARD	
NAME ON CARD			
HEALTH INSURANCE PROVIDER		POLICY NUMBER	

Parent Name: _____

Signature: _____

Date: _____