calvary CHRISTIAN COLLEGE

Right Start, Bright Future

STUDENT INFORMATION & MEDICAL FORM

STUDENT DETAILS

Full Name		Year Level	
How does the student travel to and from the College?	☐ COLLEGE BUS ☐ CAR ☐ WALK ☐ RIDE BIKE		

Are there any special circumstances regarding the student e.g. custody, Family Court orders, guardianship etc. (please supply a copy for the student's file)

_____

_____

HOUSEHOLD DETAILS

FATHER (as per child's birth certificate)
Relationship to Mother
☐ Married ☐ De Facto ☐ Divorced ☐ Separated ☐ Other

First Name_____ Title_____

Surname_____
Living with student ☐ YES ☐NO
Address_____

Suburb_____ Post Code_____

Home ph_____Work ph_____

Mobile_____

Email_____

MOTHER (as per child's birth certificate)
Relationship to Father
☐ Married ☐ De Facto ☐ Divorced ☐ Separated ☐ Other

First Name_____ Title_____

Surname_____
Living with student ☐ YES ☐NO
Address_____

Suburb_____ Post Code_____

Home ph_____Work ph_____

Mobile_____

Email_____

GUARDIAN 1

Relationship to student
☐ Step-Parent by marriage ☐ Guardian ☐ Other
Relationship to Father
☐ Married ☐ De Facto ☐ Divorced ☐ Separated ☐ Other

First Name_____ Title_____

Surname_____
Living with student ☐ YES ☐NO
Address_____

Suburb_____ Post Code_____

Home ph_____Work ph_____

Mobile_____

Email_____

GUARDIAN 2

Relationship to student
☐ Step-Parent by marriage ☐ Guardian ☐ Other
Relationship to Mother
☐ Married ☐ De Facto ☐ Divorced ☐ Separated ☐ Other

First Name_____ Title_____

Surname_____
Living with student ☐ YES ☐NO
Address_____

Suburb_____ Post Code_____

Home ph_____Work ph_____

Mobile_____

Email_____

EMERGENCY CONTACTS

PLEASE PROVIDE DETAILS OF TWO EMERGENCY CONTACTS (OTHER THAN PARENTS) TO BE CALLED IN AN EMERGENCY. Please note Emergency Contacts MUST be local to Townsville and MUST NOT be the students' parents. *Note: It is assumed that when you provide contact details for emergency contact, you have informed that person that you have done so*

Emergency Contact 1	**Emergency Contact 2**
Full Name _____	Full Name _____
Relationship to student _____	Relationship to student _____
Work ph _____	Work ph _____
Mobile _____	Mobile _____

Family Doctor _____ Address_____ Contact Number _____

Medicare number _____ Exp date ___/_____ Position ____ Private Health Fund _____

AUTHORISED TO COLLECT

PLEASE PROVIDE NAMES OF PERSONS (OTHER THAN PARENTS) AUTHORISED TO COLLECT CHILD/REN FROM THE COLLEGE. These are separate to, but may include, the persons in the emergency contact list.

Authorised Person 1	**Authorised Person 2**
Full Name _____	Full Name _____
Relationship to student _____	Relationship to student _____
Work ph _____	Work ph _____
Mobile _____	Mobile _____

MEDICAL DETAILS

Dietary	☐YES ☐NO	Details	
Asthma	☐YES ☐NO	Details	
Allergies	☐YES ☐NO	Details	
Epilepsy	☐YES ☐NO	Details	
Diabetes	☐YES ☐NO	Details	
Sight problems	☐YES ☐NO	Details	
Hearing problems	☐YES ☐NO	Details	
Respiratory problems	☐YES ☐NO	Details	
Heart problems	☐YES ☐NO	Details	
Anaphylaxis condition	☐YES ☐NO	Details	
Could the student have an emergency situation as a result of any of the conditions above?		☐YES ☐NO	Details
Has the student had a tetanus booster in the last five years?		☐YES ☐NO	Date
Other	☐YES ☐NO	Details	

In the event of accident or illness I authorise College staff to seek any medical attention that my child should require (e.g. calling an ambulance) and agree to meet any expense incurred.	☐ YES ☐NO
I give permission for sunscreen, topical ointment, (i.e. stingoes, savlon, stop itch, betadine, calomine) bandaids, bandages, over the counter Paracetamol, Antihistamine or other reasonable First Aid the College feels necessary at the time to be administered to my child.	☐ YES ☐NO

OTHER DETAILS

I give consent to the College photographing my child and agree that any photograph taken may be used in advertising and/or promotional material for the College	☐ YES ☐NO
I give consent for my child to attend College swimming activities at the College Swimming Pool and/or at any other pool that the College utilizes for swimming purposes including lessons, competitions etc.	☐ YES ☐NO

Date:___/___/_____ **Name:**_____ **Signature:**_____