

St Patrick's Primary School Lithgow



Pre-Kinder Enrolment Application

Child's Name: _____
Father's Name: _____
Contact No: (Home) _____ (Work) _____ (Mobile) _____
Mother's Name _____
Contact No: (Home) _____ (Work) _____ (Mobile) _____
Address: _____

Medical Details:

Date of Birth: _____
Doctor's Name: _____
Address: _____
Phone: _____
Medicare No: _____ Expiry Date: _____
Private Health Fund: _____ Membership No: _____
Ambulance Cover: YES/NO

Medical Conditions: _____

Allergies: YES / NO Please list any known allergies the child has e.g. allergy to nuts, penicillin, bee stings etc or any medication _____

Has the child been diagnosed as being at risk of anaphylaxis? YES / NO

If YES, an action plan should be provided by your doctor.

Does your child have an Epipen? YES / NO If YES, and Epipen must be provided.

Immunisation: Please indicate if your child has been immunised against the following. (Please provide a copy of immunisation record).

Hepatitis B: YES / NO

Diphtheria-Tetnus-Whooping Cough: YES / NO

Haemophilus Influenzae type b (Hib): YES / NO

Polio: YES / NO

Pneumococcal disease: YES / NO

Rotavirus: YES / NO

Measles-Mumps-Rubella: YES / NO

Meningococcal C disease: YES / NO

Chickenpox: YES / NO

Does your child have any other medical conditions or disabilities of which the school needs to be aware of? E.g. hearing, eyesight, speech/language difficulties. Please give details.

Emergency Contact Person:

Name: _____ Contact No: _____

Are there any current court orders relating to the child? YES / NO If yes, copies of the current court orders e.g. AVO's, Family Court/Federal Magistrate Court Orders or other relevant court orders must be provided.

Is there any other information of which you wish the school to be aware of?

I give permission for photographs of my child to be taken/used for:

School Publications YES / NO

Diocesan Publications YES / NO

Internet Publications YES / NO

I consent to my child participating in all activities provided by St Patrick's School as a part of the Pre-Kinder Class.

If, in times of emergencies, accidents or serious illness, I/we cannot be contacted, I/we give permission for the Principal (or their representative) to seek medical attention for my child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance. I agree to meet all costs.

I/we have read the Standard Collection Notice about the collection and management of the personal information contained in this for.

Signature: _____
Father/Guardian

Signature: _____
Mother/Guardian

Date: _____

Date: _____