

## PUKERUA BAY SCHOOL PUPIL INFORMATION SHEET 2015

**Pupils Name** ..... **Teacher** .....

### Parent/Caregiver Information

Name ..... Name .....

Home Address ..... Home Address .....

Home Phone ..... Home Phone .....

Work Address ..... Work Address .....

Work Phone ..... Work Phone .....

Mobile Phone ..... Mobile Phone .....

Email ..... Email .....

**I give permission for the following phone number ..... to be given to the Pukerua Bay Fundraising Committee for fundraising activities/ and the Maori consultation group (if appropriate)**

If your child is cared for by anyone else before or after school, or on particular days of the week, please supply details:

Name .....

Address ..... Phone .....

When .....

### Emergency Information

1. Doctor's Name ..... Phone .....

2. If your child becomes ill or is injured at school, state whom we should contact first (i.e. parent/caregiver) and give alternatives.

I. Name ..... Phone .....

II. Name ..... Phone .....

III. Name ..... Phone .....

### Health Information

Please detail health conditions affecting you child of which we should be aware. Detail any medication or treatment we may need to administer.

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**I do/ I do not** give permission for photos and video images of my children to be used by the school.

**I do/ I do not** give permission for photos and video images of my children to be uploaded to the school website.

Parent/Guardian signature ..... Date .....

<b>Please return completed form by 10 March 2015</b>
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*The information given on this form will be used only for the purpose specified i.e. in case of sickness/injury or emergency situations.*