

Rewa Rewa Primary School – 2011

Pupil Information Sheet

☞ Please complete one copy of this form per child and return to school as soon as possible. (The information given on this form will be used only for the purpose specified i.e. in case of sickness/civil emergency)

Pupils Name _____ **Room** _____

1st Parent/Caregiver Information	2nd Parent/Caregiver Information
Name	Name
Home Address	Home Address
Home Ph	Home Ph
Work Ph	Work Ph
Mobile Ph	Mobile Ph
Email:	Email

Emergency Information	
Doctors Name	Medical Centre Address
Phone	

If the school is unable to contact you and your child becomes ill/injured and for civil defence purposes - please give alternatives	
Name	Name
Home Ph	Home Ph
Work Ph	Work Ph
Mobile Ph	Mobile Ph

Out of Wellington City Contact in case of civil defence emergency	
Name	Home Phone
Work Phone	Mobile Phone
Relationship to Student	

Health Information - Please detail any health conditions that we should be aware of:
Action Needed
Medication

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

Parent/Guardian Signature _____ **Date** _____