

EMERGENCY CONTACT

(Please give the name of someone other than Caregiver One or Two who can be contacted in an emergency)

Name: _____	Phone Home: _____
Address: _____	Phone Work: _____
_____	Mobile: _____

Relationship of emergency contact to student e.g. grandparent, mother's partner, father's partner etc;

STUDENT HEALTH INFORMATION

Are there any health problems, disabilities or illnesses of which the school should be aware? Yes No

If "yes" please specify: _____

If the student is on medication, please list, and give other relevant information that would help the school provide appropriate care: _____

Name of family doctor / Medical Centre: _____

Phone number: _____

Additional information (optional): _____

PERMISSION

Do you give your permission for:

Publication of student's photograph on Raroa Normal Intermediate School Website, or in publications Yes No

CIVIL DEFENCE EMERGENCY

In the event of an emergency, it is the school's responsibility to care for your child until such time as your child can be collected by their parent / caregiver or another person authorized to do so. We cannot allow children to be collected by anyone else. Records will be kept of the students allowed home and the person escorting them home. It is your responsibility to update this information if circumstances change.

Option for caregivers to give permission for their child to decide suitability:

I give permission for my child to identify a trusted friend or relative and the school to release my child to that person. I understand that signing this waiver means I absolve the school of any responsibility for any actions that may result from my child exercising this judgement.

Authorisation is given to the following people (within close proximity of the school during the day) to collect my child in the case of a Civil Defence Emergency (please include the names of at least 2 people not already listed as caregiver one and two).

Name: _____	Phone Home: _____
Address: _____	Phone Work: _____
_____	Mobile: _____

Name: _____	Phone Home: _____
Address: _____	Phone Work: _____
_____	Mobile: _____

Signed: _____

Parent / Caregiver

Date: _____