

Metella Road Public School – Student Emergency Contact Details

Please fill in all sections and return to the School Office.

Student details

Last name		First name		Medicare card number
Date of Birth	Class	Medicare card expiry date	Medicare Reference Number	

Residential Address

Address	

Family Parent/Carer 1 details (please include email)

Relationship to Student	Last name	First name	Preferred Phone number
Preferred Email			

Occupation Group Parent 1 (please circle applicable group)

Group 8 Have not been employed in last 12 months

Group 4 Machine operators, hospitality staff, assistants, labourers and related workers

Group 3 Tradesperson, clerks and skilled office, sales and service staff

Group 2 Other business managers, arts/media/sportspersons and associate professionals

Group 1 Senior management in large business or organisation, government administration and defence, qualified professional

What is your current occupation: _____

Family Parent/Carer 2 details (please include email)

Relationship to Student	Last name	First name	Preferred Phone number
Preferred Email			

Occupation Group Parent 2 (please circle the applicable group)

Group 8 Have not been employed in last 12 months

Group 4 Machine operators, hospitality staff, assistants, labourers and related workers

Group 3 Tradesperson, clerks and skilled office, sales and service staff

Group 2 Other business managers, arts/media/sportspersons and associate professionals

Group 1 Senior management in large business or organisation, government administration and defence, qualified professional

What is your current occupation: _____

Please turn over.

Separated Family detail (if applicable)

Relationship to Student	Last name	First name	Preferred Phone number
Preferred email			

Separated family address:

Court Orders/Parenting Plans
 No Yes - If you have selected Yes, please provide current copy/copies if you have not previously done so.
Emergency Contacts (to be used if parents cannot be contacted)

Last name	First name	Relationship to Student	Mobile	Home Phone

Doctor's details

Name/Medical Centre	Phone number	Address

Health Condition	Has this condition been diagnosed by Doctor?	Has the student been hospitalised due to this condition?	Treatment/Medication required
	Y / N	Y / N	
	Y / N	Y / N	