

**WAIRAU VALLEY SCHOOL  
INFORMATION / EMERGENCY SHEET 2012**

**This form will be used in all emergency situations.  
Please ensure it is fully completed.**

FAMILY NAME	FIRST NAMES	DATE OF BIRTH	MALE/FEMALE

**ETHNICITY:** (As this is a ministry requirement we would appreciate your co-operation. Please tick the appropriate box. If you identify with more than one ethnicity please number accordingly ie, 1, 2).

**NZ Pakeha/European**
 **Pacific Island** (Please specify)  
 **NZ Maori - Iwi** (Please State)
  **Asian** (Please specify)  
 **Other** (Please state)

**CITIZENSHIP**

New Zealand 
 **Other** (Please state)  
 Immigrant Yes  No 
**Date arrived in New Zealand** \_\_\_\_\_  
(please supply copy of passport and visa).

**NEW ENROLEMENTS**

Previous school attended \_\_\_\_\_

**NEW ENTRANTS**

**Pre-School/Kindergarten/Playgroup attended** \_\_\_\_\_

Please provide a copy of birth certificate and immunisation record. It is a Ministry of Education requirement that a copy of your child's birth certificate is provided.

<b>Students Home Address:</b>	
<b>PO Box (if applicable)</b>	<b>Home Phone No:</b>
<b>E-mail:</b>	<b>Fax No:</b>
<b>Mother/Guardian Name:</b> (Mrs / Ms / Miss)	<b>Father/Guardian Name:</b>
<b>Address:</b> (If different from above)	<b>Address:</b> (If different from above)
<b>Home Phone No:</b>	<b>Home Phone No:</b>
<b>Cellphone No:</b>	<b>Cellphone No:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Place of Employment:</b>	<b>Place of Employment:</b>
<b>Work Phone No:</b>	<b>Work Phone No:</b>

**Emergency contacts (other than Parents) to whom child/ren may be released to in a Civil Defence Emergency OR if the school is unable to contact you and your child needs picking up from school due to sickness/accident**

(1) Name:	(2) Name:
Address:	Address:
Phone:	Phone:

**Medical Conditions: (Please complete for each child.** This information is required should we need to seek medical assistance for your child. If **no** condition, please write 'nil').

**SURNAME:** \_\_\_\_\_

**Christian Name:** \_\_\_\_\_ Fully immunised: Yes      No

Medical Condition/s: \_\_\_\_\_ Medication supplied at School: Yes      No

Known Allergies: \_\_\_\_\_ Any reaction to medication (name): \_\_\_\_\_

**Christian Name:** \_\_\_\_\_ Fully immunised: Yes      No

Medical Condition/s: \_\_\_\_\_ Medication supplied at School: Yes      No

Known Allergies: \_\_\_\_\_ Any reaction to medication (name): \_\_\_\_\_

**Christian Name:** \_\_\_\_\_ Fully immunised: Yes      No

Medical Condition/s: \_\_\_\_\_ Medication supplied at School: Yes      No

Known Allergies: \_\_\_\_\_ Any reaction to medication (name): \_\_\_\_\_

**Christian Name:** \_\_\_\_\_ Fully immunised: Yes      No

Medical Condition/s: \_\_\_\_\_ Medication supplied at School: Yes      No

Known Allergies: \_\_\_\_\_ Any reaction to medication (name): \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**NOTE:**The school often keeps supplies of emergency medication that parents have supplied for their child/ children for bee stings, asthma, allergies, blood conditions etc.

**These need to be replaced by parents each year to keep medication current/updated.**

I/We give permission for our child/children to:-

Be given Antihistamine Cream (external skin use only) for use if bee stings, grass rash occurs.      Yes      No

Be given Panadol if required (headache, fever etc)      Yes      No

Be taken to **Hospital A & E** in an emergency when parents cannot be contacted.      Yes      No

Parent/Guardians signature: \_\_\_\_\_

**Permission for Walking Outside the School Grounds**

Often classes walk around the local community for school related events e.g. to the hall or golf course. Please sign below to indicate you give permission for your child/children to do this. For any trips where the child needs to be transported in a vehicle or for overnight camps you will be sent home additional permission slips.

I/We give permission for my/our child/children to take part in any local excursions where they are required to walk there.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for Photos and Work to be Published in Newsletters and Website**

We are now able to publish student's photographs and school work in our weekly school newsletter, monthly community newsletter and school website.

Please indicate below whether or not you give permission for this to happen.

I/We **do / do not** (please circle) give permission for my/our child's/children's photo and school work to be published in the school & community newsletters.

I/We **do / do not** (please circle) give permission for my/our child's/children's photo and school work to be published on the school website.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NB: Please notify the school office if there is a change in any of the information given (particularly address, phone numbers, medical conditions) as soon as possible. Thank you.**

All the information on this form is CONFIDENTIAL and is covered by the Privacy Act 1993. This information is held at Wairau Valley School, 30 Morse Street, Wairau Valley and is available to the staff and members of the Board of Trustees of the school.