Phone (04) 569 1821 79 Korokoro Rd, Korokoro, Lower Hutt 5012 www.korokoro.school.nz

Korokoro School Student Information

STUDENT DETAILS
Name:
Date of Birth:
Siblings at School:

PARENT/ CAREGIVER DETAILS

Please tick the boxes for the email addresses you would like correspondence sent to. Emails will be used for sending out school newsletters, all notices and overdue library books.

Mother
NAME:_____
ADDRESS:_____
_____
PHONE: Home:_____
Work:_____
Mobile:_____
EMAIL:_____❑

Father
NAME:_____
ADDRESS:_____
_____
PHONE: Home:_____
Work:_____
Mobile:_____
EMAIL:_____❑

EMERGENCY CONTACTS

SCHOOL EMERGENCY NOMINATED PERSON

This person will be contacted if parent/ caregiver cannot be reached. They will be expected to collect your child in the event of the child being unwell or injured

NAME:
PHONE: Home
Mobile
Work

CIVIL DEFENCE EMERGENCY NOMINATED PERSON

This person may differ from school emergency nominated person and ideally would live locally. Please refer to the Civil Defence Reunification Plan.

NAME:
PHONE: Home
Mobile
Work

HEALTH AND MEDICAL INFORMATION

Allergies ❑Penicillin ❑Foods _____ ❑Other drugs ❑Other allergies Year of last tetanus _____

What special care is required for these allergies?_____

Medical Conditions ❑ Asthma* ❑Heart Condition ❑Fits of any Type ❑Migraines ❑Depression/Anxiety

❑Other (please specify) _____

***Have you provided us with an asthma management plan? ❑Yes ❑No Comment**_____

Is your child taking any Medication? Yes❑ No❑ Please add details if necessary_____

ADMINISTERING MEDICATION CONSENT

I give/I do not give permission for a staff member at Korokoro School to administer ❑Paracetamol ❑Ibuprofen

❑ Specified Medication _____ to my child.

Signature: _____ Date: _____

GENERAL PERMISSION SLIP

I give permission for my child to go on low risk excursions such as sporting events, school trips, walks and runs during the school year.

Parent/Caregiver's Name: _____

Signature: _____ Date: _____