

Medical Details: (List any medical problems and information the school should be aware of.)

Condition: _____

Medication: _____

Doctor: _____ **Dentist / Orthodontist:** _____

Phone No: _____ **Phone No:** _____

Ethnicity: (Cultural identification with a particular ethnic group. Dual ethnicity may be selected.)

NZ European / NZ Maori – Iwi _____ **NZ Samoan / Other** _____

Any other information the school should be aware of: eg Involvement with outside agencies, custodial issues etc

I give permission for my child to participate in activities outside the school grounds but within the local community.

Signed _____ **Date:** ___/___/___
(Parent/Caregiver)

If you would like to receive newsletters and notices via email please add your email address:

CONFIDENTIALITY

This information is requested by the school in order to communicate with parents and caregivers, to maintain the safety of the pupil and in order to meet the statutory requirements of the Ministry of Education. Information is held securely and used for the purposes of education only.

I agree the above information is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and contacts may be maintained.

I give permission for this information to be used for educational purposes.

Signed: _____ **Date:** ___/___/___
(Parent/Caregiver)