

# St Joseph's Catholic School Oberon

Vision:

At St Joseph's Catholic School, all students learn at high levels in a nurturing, collaborative and Christ-centred environment.



CHILD'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

CONTACT No:(HOME) \_\_\_\_\_(BUS) \_\_\_\_\_(MOB) \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

CONTACT No:(HOME) \_\_\_\_\_(BUS) \_\_\_\_\_(MOB) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**MEDICAL DETAILS:**

DATE OF BIRTH: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

MEDICARE NO: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

PRIVATE HEALTH FUND: \_\_\_\_\_ MEMBERSHIP No: \_\_\_\_\_

AMBULANCE COVER: YES/NO

MEDICAL CONDITIONS: Please specify any medical conditions the student suffers from eg asthma, diabetes and/or any prescribed medication taken by the student

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES: YES/NO *Please list any known allergies the student has eg allergy to nuts, penicillin, bee stings, or any medication including specific details*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student been diagnosed as being at risk of anaphylaxis? YES/NO

If yes, does the student have an Epi Pen? YES/NO

IMMUNISATION: Please indicate if the student has been immunised against the following. (Please provide a copy of immunisation record).

Hepatitis B: YES/NO

Diphtheria-Tetanus-Whooping Cough: YES/NO

*Haemophilus Influenzae type b (Hib):* YES/NO

*Polio:* YES/NO

St Joseph's Catholic School Queen Street, Oberon NSW 2787

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Pneumococcal disease: YES/NO

Rotavirus: YES/NO

Measles-Mumps-Rubella: YES/NO

Meningococcal C disease: YES/NO

Chickenpox: YES/NO

Does your child have any other medical conditions or disabilities which the school needs to be aware of?

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EMERGENCY CONTACT PERSON:

NAME: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

Are there any current court orders relating to the student? YES/NO *If yes, copies of current court orders eg AVOs, Family Court/Federal Magistrate Court orders or other relevant court orders must be provided.*

Is there any other information you wish the school to be aware of?

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I consent my child participating in all activities providing by St Joseph's Catholic School as part of the Pre-Kinder School Readiness Program.

If, in time of emergencies, accidents or serious illness, I/we cannot be contacted, I /we give permission for the Principal (or their representative) to seek medical attention for my child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle. I agree to meet all costs.

I give permission for photographs of my child to be taken/used for:

School Publications: YES/NO    Diocesan Publications: YES/NO    Internet Publications: YES/NO

I/We have read the Standard Collection Notice about the collection and management of the personal information contained in this form. (NOTE: This should accompany this form)

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Father/Guardian

Mother/Guardian

Date: \_\_\_\_\_

Date: \_\_\_\_\_