



Treetops Montessori School

A different approach for Primary and Secondary education from Pre-Kindergarten to Year 12

12 Beenong Road (PO Box 59)
DARLINGTON WA 6070

office@treetops.wa.edu.au
www.treetops.wa.edu.au

(08) 9299 6725

Student Health Record & Contact Sheet 2022

The information provided in this form is extremely important and is essential for a number of emergency and other procedures when students are entrusted to the school's care. It is the responsibility of parents/guardians to ensure that all students enrolled at Treetops have a completed form on file in the school office.

Please fill out this form with BLUE or BLACK PEN.

This form MUST be returned to the school PRIOR to the child starting school (inclusive of orientation) along with all relevant supporting documentation as requested in the form.

Parents/Guardians are required to update information ANNUALLY, or when there has been a change in details.

STUDENT DETAILS			
Student's Name (in full):			
Preferred Name (if used):			
Date of Birth:		Gender:	
Residential Address:			
Does the child live at a second address regularly through the school term? If yes, please provide this address:			
Secondary Address:			
Are there any custody orders or other legal requirements in place for this student?			Y/N If yes, please attach copies
Student's Mobile Phone Number (if applicable):			
Student's Email Address (if applicable):			
Class in 2022:			
Country of Birth:			
Main Language Spoken at Home:			
Does the student identify as Aboriginal or Torres Strait Islander?:			
CITIZENSHIP			
Throughout the year State and Federal regulations require schools to collect and report data about all students and families. Please complete this information below:			
Was the enrolled student born in Australia?	Y/N	<i>If no, a copy of the student's passport, visa, or citizenship documents must be held by the school.</i>	
Were both the student's parents born overseas?	Y/N	<i>If yes, proof of the student's Australian Citizenship must be held by the school.</i>	
Is the enrolled student an Australian resident?	Y/N	Visa Number:	
Is the enrolled student an Australian citizen?	Y/N	Passport OR Visa, or Citizenship Number	

STUDENT HEALTH DETAILS

Does your child have any allergies including drug, insect, food or other allergy? **Y/N**

If yes, please provide details below and attach a copy of your doctor's health plan in regards to this allergy.

Known health issues (allergies etc.) of your child: _____

Has your child ever been hospitalised as a result of an allergic reaction? **Y/N**

If yes, please provide the date of hospitalisation: _____

Does your child have any special dietary requirements? **Y/N**

If yes, please provide details: _____

Does your child have Asthma? **Y/N**

If yes, please complete a 'Student Asthma Record Form' and attach a copy of your child's Asthma First Aid Plan if they have one.

Is your child currently taking any medications on a regular basis? **Y/N**

If so, please provide details: _____

Has your child had any operations in the past? **Y/N**

If yes, please provide details: _____

Has your child had any serious injury or accident in the past? **Y/N**

If yes, please provide details: _____

Is your child colour blind? **Y/N**

Does your child wear glasses or contact lenses? **Y/N**

Does your child wear a hearing aid? **Y/N**

Are you a member of St John Ambulance?³ **Y/N**

Is there any other issue that is relevant for the School to be aware of? **Y/N**

If yes, please provide details: _____

Are there any other needs (e.g. religious) that are relevant for the School to be aware of? **Y/N**

If yes, please provide details: _____

Please list existing levels of adjustment or accommodations that are currently being made for your child in relation to specific need: _____

Has your child been fully vaccinated according to the WA Department of Health's recommended Immunisation Schedule? **Y/N** (If your child's immunisation has been updated since the school was last advised, please provide a current Australian Immunisation Register (AIR) Immunisation History Statement.)

Family Doctor's Name:

Address:

Phone Number:

Student's Medicare No: _____ (_____)

I/we authorise Treetops School to collect the information contained in this form, and to disclose that information to the School's employees and any medical and emergency workers for the purpose of making those necessary aware of the medical risks to which the student might be subject.

Please Initial: _____

³ Although general first aid treatment will be provided as necessary, additional treatment may be required. If, in the opinion of the teacher responsible for the child, medical help is required, a doctor or ambulance may be called. Expenses associated with this will be the responsibility of the parents/guardians of the child.

PARENT / GUARDIAN (1) DETAILS			
Parent/Guardian (1) Name			
Residential Address:			
Postal Address:			
Home Phone Number:			
Mobile Phone Number:			
Work Phone Number:			
Email Address:			
Emergency Email List ¹ Email Address/es:			
Parent/Guardian's Country of Birth ²		Relationship to student:	
Occupation:			
Parent/Guardian's Highest Level of Secondary Education ²			
Parent/Guardian's Highest Tertiary Qualification ²			

PARENT / GUARDIAN (2) DETAILS			
Parent/Guardian (2) Name			
Residential Address:			
Postal Address:			
Home Phone Number:			
Mobile Phone Number:			
Work Phone Number:			
Email Address:			
Emergency Email List ¹ Email Address/es:			
Parent/Guardian's Country of Birth ²		Relationship to student:	
Occupation:			
Parent/Guardian's Highest Level of Secondary Education ²			
Parent/Guardian's Highest Tertiary Qualification ²			

¹ In the unlikely event of an emergency resulting in lockdown, a nominated email address will be used to send a bulk email to all parents and guardians to inform them of the lockdown. Please nominate an email address that you are most likely to read throughout the school day. This email address will not be printed on class lists, and will be used only in the case of an emergency.

² From time to time schools are required to provide enrolment information to different government agencies. Parents, carers and guardians of all year K – 12 students in Australia are asked to provide information on their family background as part of a national initiative towards providing an education system that is fair to all students regardless of their background. The required information includes the residency status, indigenous status, and language background of the student, and the education and occupation background of the parents/guardians.

EMERGENCY CONTACTS

In case of an emergency, the information provided below will be used to attempt to contact someone regarding the situation. Attempts will be in the order of numbers given. You may put more than one contact number beside each person. **All contacts** must be completed legibly.

Please do not re-enter parent/guardian contact details.

Emergency Contact 1: (Not Parent/Guardian)

Contact Name:			
Relationship:		Contact Phone Number/s:	

Emergency Contact 2: (Not Parent/Guardian)

Contact Name:			
Relationship:		Contact Phone Number/s:	

Emergency Contact 3: (Not Parent/Guardian)

Contact Name:			
Relationship:		Contact Phone Number/s:	

Signed: _____ (Parent/Guardian)

Name: _____

Date: _____