



Student Health Record & Contact Sheet 2025

Parents/Guardians are required to complete this form **ANNUALLY**, or when there has been a change in details.

The information provided in this form is extremely important and used by administration and teaching staff for database management, government reporting, classroom and activity planning, student safety, first aid, and emergency and other procedures. 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 student starting school (inclusive of orientation) along with all relevant supporting documentation as requested in the form.

STUDENT DETAILS			
Student's Name (in full):			
Preferred Name (if used):			
Date of Birth:		Gender:	
Residential Address:			
Does the student 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):			
Year/Class in 2025:			
Main Language Spoken at Home:			
Does the student identify as Aboriginal or Torres Strait Islander?			
STUDENT 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.			
Country of Birth:		Country of Citizenship:	
Was the 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>	
If the student was born in Australia, were both parents born overseas?	Y/N	<i>If yes, proof of the student's Australian Citizenship must be held by the school.</i>	
Is the student an Australian Citizen?	Y/N	<i>If no, a copy of the student's passport, visa, or citizenship documents must be held by the school.</i>	
Is the student a resident in Australia on a visa?	Y/N	Visa 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 regard 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 (Prescription or OTC) on a regular basis? **Y/N**
 If so, please provide details:

Has your child had any surgery 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** Type of visual aid? _____
 Does your child wear a hearing aid? **Y/N**
 Does your family have ambulance cover?¹ **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 Montessori 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: _____

¹ Although general first aid treatment will be provided as necessary, additional treatment may be required. If, in the opinion of the staff member 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 ² Email Address/es:			
Parent/Guardian's Country of Birth ³		Relationship to student:	
Main Language Spoken at Home:			
Occupation:			
Parent/Guardian's Highest Level of Secondary Education ³			
Parent/Guardian's Highest Tertiary Qualification ³			

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 ² Email Address/es:			
Parent/Guardian's Country of Birth ³		Relationship to student:	
Main Language Spoken at Home:			
Occupation:			
Parent/Guardian's Highest Level of Secondary Education ³			
Parent/Guardian's Highest Tertiary Qualification ³			

² 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.

³ From time-to-time, schools are required to provide enrolment information to different government agencies. Parents and guardians of all Kindergarten to Year 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, occupation, and language background of the parents/guardians.

EMERGENCY CONTACTS

In the case of an emergency, and if the school is unable to contact parents/guardians, the school will use the information provided below to attempt to contact someone regarding the situation.

Attempts will be made 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: _____