



# Student Health Record & Contact Sheet 2026

**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			
<b>Student's Name</b> (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?	<b>Yes</b>	<b>No</b>	<b>If yes, please attach copies</b>
Student's Mobile Phone Number (if applicable):			
Student's Email Address (if applicable):			
Year/Class in 2026:			
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?	<b>Y / N</b>	<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?	<b>Y / N</b>	<i>If yes, proof of the student's Australian Citizenship must be held by the school.</i>	
Is the student an Australian Citizen?	<b>Y / N</b>	<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?	<b>Y / N</b>	Visa Number:	

### STUDENT HEALTH DETAILS

Does your child have any issue that is relevant for the school to be aware of?

- Any specific medical condition **Y N**
- Any specific psychological condition? **Y N**
- Any specific difficulty (sensory/visual/hearing/communication, mental health issues, behaviour difficulties, or learning disability etc.)? **Y N**

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

If yes, does your child have Asthma Care Plan? **Y N** (If yes, please attach a copy of your child's plan)

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

If yes, please attach a copy of your child's Allergy Health Plan and provide details below:

Has your child ever been hospitalised as a result of an allergic reaction? **Y N** Date: \_\_\_\_\_

Does your child have any special dietary requirements? **Y N** (If yes, please provide details)

Is your child currently taking any medications (Prescription or OTC) on a regular basis? **Y N**

(If yes, please provide details)

Has your child had any serious injury, accident, or surgery 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?<sup>1</sup> **Y N**

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

(If yes, please provide details)

Is your child fully vaccinated according to the WA Department of Health's Immunisation Schedule? **Y N**

(If updated since the school was last advised, please provide a current 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: \_\_\_\_\_

<sup>1</sup> 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			
<b>Parent/Guardian (1) Name</b>			
Residential Address:			
Postal Address:			
Home Phone Number:			
Mobile Phone Number:			
Work Phone Number:			
Email Address:			
Emergency Email List <sup>2</sup> Email Address/es:			
Parent/Guardian's Country of Birth <sup>3</sup>		Relationship to student:	
Main Language Spoken at Home:			
Occupation:			
Parent/Guardian's Highest Level of Secondary Education <sup>3</sup>			
Parent/Guardian's Highest Tertiary Qualification <sup>3</sup>			

PARENT / GUARDIAN (2) DETAILS			
<b>Parent/Guardian (2) Name</b>			
Residential Address:			
Postal Address:			
Home Phone Number:			
Mobile Phone Number:			
Work Phone Number:			
Email Address:			
Emergency Email List <sup>2</sup> Email Address/es:			
Parent/Guardian's Country of Birth <sup>3</sup>		Relationship to student:	
Main Language Spoken at Home:			
Occupation:			
Parent/Guardian's Highest Level of Secondary Education <sup>3</sup>			
Parent/Guardian's Highest Tertiary Qualification <sup>3</sup>			

<sup>2</sup> 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.

<sup>3</sup> 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: \_\_\_\_\_