



METUNG PRIMARY SCHOOL

HOMEWORK GROUP 2017

REGISTRATION FORM

CHILD'S DETAILS

CHILD 1 DATE OF BIRTH..... /...../.....

CHILD 2 DATE OF BIRTH..... /..... /.....

CHILD 3 DATE OF BIRTH..... /..... /.....

ALLERGIES.....

MEDICAL CONDITIONS.....

I HAVE ATTACHED THE RELEVANT MEDICAL FORMS/MANAGEMENT PLANS ASSOCIATED WITH MY CHILD'S ILLNESS OR ALLERGIES e.g. Asthma, Anaphylaxis, etc.

PARENT/GUARDIAN DETAILS

NAME.....

ADDRESS.....

PHONE.....MOBILE.....

Parent/Guardian signature..... Date...../...../.....

In the event of accident or illness, I authorise the teacher in charge to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Emergency contact.....