



Korokoro School

Korokoro School Student Information

Phone 04 569-1821 Fax 04 569-1684

79 Korokoro Road, Korokoro, Lower Hutt 5012

www.korokoro.school.nz

STUDENT DETAILS

Name: _____

Date of Birth: _____

Siblings at School: _____

PARENT/ CAREGIVER DETAILS

Please tick the boxes for the email addresses you would like correspondence sent to. Emails will be used for sending out school newsletters, all notices and overdue library books.

Mother

NAME: _____

ADDRESS: _____

PHONE: _____

Home: _____

Work: _____

Mobile: _____

Email: _____

Father

NAME: _____

ADDRESS: _____

PHONE: _____

Home: _____

Work: _____

Mobile: _____

Email: _____

EMERGENCY CONTACTS

SCHOOL EMERGENCY NOMINATED PERSON

This person will be contacted if parent/ caregiver cannot be reached. They will be expected to collect your child in the event of the child being unwell or injured

NAME: _____

PHONE: Home _____

Mobile _____

Work _____

CIVIL DEFENCE EMERGENCY NOMINATED PERSON

This person may differ from school emergency nominated person and ideally would live locally. Please refer to the Civil Defence Reunification Plan.

NAME: _____

PHONE: Home _____

Mobile _____

Work _____

HEALTH AND MEDICAL INFORMATION

Allergies Penicillin Foods _____ Other drugs Other allergies Year of last tetanus _____

What special care is required for these allergies? _____

Medical Conditions Asthma* Heart Condition Fits of any Type Migraines Depression/Anxiety

Other (please specify) _____

*Have you provided us with an asthma management plan? Yes No Comment _____

Is your child taking any Medication? Yes No Please add details if necessary _____

ADMINISTERING MEDICATION CONSENT

I give/ I do not give permission for a staff member at Korokoro School to administer Paracetamol Ibuprofen

Specified Medication _____ to my child.

Signature: _____ Date: _____

GENERAL PERMISSION SLIP

I give permission for _____ to go on low risk excursions such as sporting events, school trips, walks and runs during the school year.

Parent/Caregiver's Name: _____

Signature: _____ Date: _____

