



Tauranga Intermediate School

Students name: _____ Room: _____

Address: _____

Home Phone number: _____ Date of birth: _____

Parent or Guardian:

Name: _____ Parent / Guardian circle one

Address: _____

Phone number: _____ Cell phone: _____

Place of work: _____ Work Number: _____

Emergency Contacts

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

Phone No: _____ Phone No: _____

Family Doctor (if any): _____

Known medical conditions and medications: _____

It is a Ministry requirement that the school maintains an immunization register.

My child has been fully immunized Yes / No

Date of last immunization: _____

I give / do not give permission for my child to have panadol when required.

I understand that the school will take action on my behalf in case of injury or sudden illness.

Signature of parent / guardian: _____