



SEVEN HILLS HIGH SCHOOL

A Vocational Education Pathways School

Change to Family Contact Details/Student Medical Records

In order for us to keep our records up to date could you please complete this form and return it to school as soon as possible.

Student Name:

FAMILY CONTACT DETAILS

Parent/Carer with whom student normally lives:

Address:

Email:

Telephone:

Father (M) (Ph)

Mother (M) (Ph)

Carer (M) (Ph)

Further Information

EMERGENCY CONTACT

Name: Relationship:

Telephone: (M) (W)

MEDICAL DETAILS

Allergies:

Other conditions:

Medication(s):

Further Information:

Parent/Carer Signature:

Date:

***Please return the completed form to the school office or via email to
sevenhills-h.school@det.nsw.edu.au***