



Tewantin State School OSHC

CHANGE OF DETAILS FORM

CHILD/REN'S PROFILE.

First Name	Surname	Allergy/Illness	D O B	Gender	Class
1.					
2.					
3.					
Address					

PARENT PROFILE

FirstName	Surname	Relationship to Child	Mobile:	Email
Address			Postal Address <i>if different</i>	
Occupation	Work Address		Work	Parent CRN

EMERGENCY CONTACTS, OTHER THAN PARENT/S, WITH AUTHORITY TO COLLECT CHILD/REN.

FirstName	Surname	Relationship to Child	Mobile:	ID Licence Number
FirstName	Surname	Relationship to Child	Mobile:	ID Licence Number

Parent Signature _____ Date _____ Changes Updated By _____ Date _____