



Data Collection Sheet

Mater Dei School Camden

Current milestone

Start Date	
Year Level	
Form Group	
House Group	

Basic Details - STUDENT

Personal Information

First Name	
Last Name	
Middle Name	
Gender	
Date of Birth	
Mobile	
Phone	
Email	

Addresses

Address	
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Family/Contacts

PARENT Information #1

Name	
Mobile	
Phone	
Email	
Contact Notes BH	
Contact Notes AH	

Addresses

Address	
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PARENT Information #2	
Name	
Mobile	
Phone	
Email	
Contact Notes BH	
Contact Notes AH	

Addresses	
Address	

Emergency Contacts	
Name	
Contact Details	
Contact Type	

Demographics	
Country of Birth	
Nationality	
Ethnicities	
Transport/Vehicles	
Religion	
Primary Language	
Home Language	

Medical	
Medical Condition #1	
Title	
Description	
Symptoms	
Actions	
Anaphylaxis	Eg.Yes or No
Medications	
Name	
Expiry Date	

Medical Condition #2	
Title	
Description	
Symptoms	
Actions	
Anaphylaxis	Eg.Yes or No
Medications	
Name	
Expiry Date	

Doctors	
Name	
Phone Number	
Address	
Surgery Name	