

# HOLIDAY CLUB - GENERAL / MEDICAL INFORMATION ... PART A FORM



PLEASE FILL IN ALL FIELDS, AND INCLUDE AN EXTRA SHEET IF NEEDED

Please return completed Forms A & B to Holiday Club, P.O. Box 75, North Tamborine Q 4272

## PERSONAL CONTACT DETAILS:

Family Name: \_\_\_\_\_

Child's Preferred Name	Age	Male / Female	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

Home Address: \_\_\_\_\_

H: # \_\_\_\_\_ Wk: # \_\_\_\_\_ Mb: # \_\_\_\_\_

Email: \_\_\_\_\_

Do you consent to appropriate use by us of photographs taken on the program that include your child e.g. inclusion in our advertising, placement on our web page or in a brochure? YES NO

I give permission for my child / children to attend Holiday Club: (please circle days attending)

Full week    or    Monday    Tuesday    Wednesday    Thursday    Friday

## Safety and Care Details:

In case of any emergency, please list phone number/s where you, a friend or relative may be contacted during the course of the program.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Is there anyone legally restricted from seeing your child/children? YES NO

Person's name \_\_\_\_\_ Relationship \_\_\_\_\_

## VARIATION OF ROUTINE:

In the event of wet weather or other circumstances, we may have to use other venues to run activities (Geissmann Oval, Vonda Youngman Community Centre). For this to happen, we will need your permission to walk the children between venues and to participate at the other venue. Suitable supervision will be provided at all times.

I give permission for these changes if needed. YES NO

CHILD COLLECTION: I/We will be collecting our child/children each day. YES

I give permission for my child/children TO BE COLLECTED from Holiday Club by \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**HOLIDAY CLUB - GENERAL / MEDICAL INFORMATION ... PART B FORM**

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Enquiries contact Brian Marsh Mb: 0429 884 434 or E: bmarsho8@bigpond.com

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**Medical Information:** Please give details of your child's medical insurance if applicable:

Medicare # \_\_\_\_\_ # of people on Medicare Card \_\_\_\_\_ Expiry Date \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Membership # \_\_\_\_\_

**Important:** Please note that in regards to non-prescription medications such as paracetamol (e.g. Panadol), it is our Policy that team leaders/members do not provide medications.**Medication:** Is/are your child/children required to take any medication?**YES NO**

Name of child/children \_\_\_\_\_

Details of medication \_\_\_\_\_

**Participation:**

Does/do your child/children have any restrictions regarding participation in any activity?

**YES NO**

Please provide details: \_\_\_\_\_

**Information on Relevant Conditions / Allergies**

Are there any conditions which require special attention that we should know about e.g. hearing or sight impairment, ADHD, Autism or Aspergers, behaviour issues, formal counselling situations, or any other medical condition, food or plant allergies, allergic reaction with signs of anaphylaxis?

**YES NO**

Please list below: \_\_\_\_\_

**Please provide your own treats if your child/children have food allergies.****PLEASE NOTE:** "In the case of contagious illness, please withdraw your child for the recommended period to prevent the spread of the condition".**Your agreement with the Organisation,**

I am aware, in signing this document regarding my child/children's participation in Holiday Club, that while the organisation and its leaders will make every reasonable effort, to minimize exposure to know risks, all hazards and dangers associated with these activities, there is still a risk that an accident may occur.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If other than parent or guardian, please indicate relationship to child: \_\_\_\_\_

**PRIVACY POLICY:** Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administer your involvement in our program. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of the organisation who need it to enable them to perform their agreed activities (e.g. the First-Aider-in-Charge). You are welcome to contact our office in relation to issues regarding your personal information.