

Program: (Please Circle) **Whitehill Kids (Year 1-6), Playgroup, Whitehill Youth (Year 7-12), Holiday Program.**

Personal Contact Details

Family surname/s:

Family email address:

Home number:

Address:

Parent(s)/Guardian(s) Name(s) (Including Last Name if different to Child)	Mobile Number	Gender
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F

Please provide the following information for each child:

Given Name(s)	Preferred Name <i>(if different)</i>	Gender	Date of Birth	School Year
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

Do you consent to appropriate use of photographs taken during the program that include your children:

Photos will be taken at events and programs at Whitehill. These photos may be used in various media formats including printed and online publications.
If you tick no you acknowledge that you will inform your child so that they can make appropriate precautions to ensure they are not in prominent places in photos such as being in the front row for on stage performances.

Yes No

Safety and Care Details

In the event of an emergency, please list phone numbers of a friend/relative who may be contacted during the program

Name	Relationship	Phone Number

Who will collect your child(ren) at the end of the program? Please nominate either yourself or another trusted adult:

Medication Information

Medicare no.:

Expiry date:

Numbers for people on
Medicare card:

Insurance provider:
(if applicable)

Membership no.:

Health Care Card No.:
(if applicable)

Will family members need to take any tablets or other medication during the course of the program?

Yes No

If yes, please give details and indicate family member:

Whitehill Youth (high school year 7-12) only need to complete the following:

Do you consent to your children being contacted through:

Email / text message / telephone call (not including video calls)? Yes No

Social networking sites by the leaders of this ministry? Yes No

Do you give permission for your children to travel in a vehicle with a ChildSafe driver during a program if required?

Registered child safe drivers:

- Have completed a drivers declaration
- Possess a current Blue Card
- Possess a current Open Drivers Licence
- Are recommended by their team leader

Yes No

Comments:

Swimming ability for the children in your family:

Good

Fair

Non Swimmer

Names:

All please complete and sign:

Program Preparation Details

Does any member of your family have any special dietary requirements? Yes No

If so, please list them: (We will endeavour to meet these requirements, and will contact you if necessary)

Information on relevant conditions and specific medical conditions

*Does your child have any specific medical conditions currently or in the past, including **asthma and allergies, heart problems, diabetes, epilepsy etc.** Are there any conditions which require special attention that we should know about, e.g. **hearing or sight impairment, ADD or ADHD, behaviour issues, formal counselling situations, or any other?** Please list below: (If more room is needed please add onto a blank A4 page)*

Your Agreement with the Organisation

I am aware in signing this document in regards to my family's participation in this program that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers exist in the activities in which my family will be participating. In the event of any emergency where my nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorise qualified practitioners to administer anaesthetic if required.
- I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
- I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
- I confirm that the information contained in this document is true and correct.

I agree to inform the leader of any change to these details.

Name of caregiver:

Signature of caregiver:

Date: