



Summer Connect 2020

REGISTRATION FORM

PROTECTING YOUR PRIVACY – Protecting yours and your child's privacy is important to us. The information contained here will only be seen by the Summer Connect team and Church staff. It will only be used to inform the Summer Connect team of any medical or dietary needs as well as emergency contact details, and for other purposes that you may agree to on the form.

PERSONAL DETAILS OF THE CHILD (please print neatly)

First name: _____ Surname: _____

Preferred name: _____ Gender: Male Female

Date of birth: _____ Year at school 2020: _____ Home phone: _____

Home address: _____ P/C: _____

Parents e-mail address (optional): _____

Child's e-mail address (optional): _____

Parents / Guardians name(s): _____

EMERGENCY CONTACTS (please fill in both)

Name: _____

Address: _____

Relationship: _____

Phone: _____

Name: _____

Address: _____

Relationship: _____

Phone: _____

MEDICAL

Family doctor (if any): _____ Phone: _____

Medicare number: _____ Do you have Ambulance cover ? Yes No

Do you have Private Hospital insurance ? Yes No

If YES, level of cover ? _____

Name of fund: _____ Contribution Number: _____

Does your child have any of the following allergies ? (please tick and specify where necessary)

- Penicillin Bites Drugs
 Any foods Other ?

Does your child suffer from any of the following ? (please tick and specify where necessary)

- | | | |
|-------------------------------------------|------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Migraines | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Behavioural problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Other ? _____ |

Does your child have medication that needs to be taken during the program or in an emergency?

- Yes (please specify) _____ No

Please note that team members will not be able to give out non-prescription medications

Is your child immunized against tetanus ?

- Yes (please specify date of last booster) _____ No

Does your child have any special dietary requirements ?

- Yes (please specify) _____ No

Please note that those catering for this activity may or may not be able to accommodate certain requirements. Some or all food may need to be supplied by parents or guardians.

Is there any other medical, physical or emotional condition, or other relevant information we should know ?

- Yes (please specify) _____ No

CONSENT (to be signed by parent or guardian)

I, the undersigned, hereby authorize the leaders of the Summer Connect program to consent, where it is impracticable to communicate with me, to my child receiving such medical and surgical treatment as the leader may deem necessary at any time during a program. I further authorize the use of an ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgment it is necessary. I accept responsibility for payment of all expenses associated with such treatment. I understand that every effort will be made by the leaders to firstly contact me in the event of illness or accident.

Signed: _____ Printed name: _____ Date: _____

PERMISSIONS

I agree to the Summer Connect team of Buninyong Anglican Church:

- communicating with us, their parent(s) / guardian(s), using any of the contact details supplied above. This may include other relevant church information through the year Yes No
- communicating with my child directly via
 - letter (post) Yes No
 - email – this will include other relevant church activities or to say hi Yes No
- taking and using photographs or video footage of my child *for use during the program*, and showing them amongst the people of our church and on our website after the program. Yes No

BEHAVIOUR (to be signed by parent or guardian):

I, the undersigned, agree that, if in the determination of the leaders of the program, my child is behaving in a way that is detrimental to the program or to other individuals, I will gladly come and pick him/her up, upon receiving a phone call from one of the leaders.

Signed: _____ Printed name: _____ Date: _____