

HARROW NEIGHBOURHOOD HOUSE

SCHOOL HOLIDAY PROGRAM

CONFIDENTIAL PARTICIPANT INFORMATION

PARTICIPANTS INFORMATION:

Childs Full Name: _____

Address: _____ Town: _____ Postcode: _____

Date of Birth: ____ / ____ / ____ Gender: Female Male Indigenous: Yes No

PARENT/GUARDIAN INFORMATION:

Parent/Guardians Full Name: _____

Address: _____ Town: _____ Postcode: _____

Ph (Home) _____ (Mobile) _____ (Work) _____

Email: _____ Relationship: _____

EMERGENCY CONTACT INFORMATION:

Please provide details of people we can contact in the event of an emergency. Do not include the person above.

Full Name: _____

Ph (Home) _____ (Mobile) _____ (Work) _____

Email: _____ Relationship: _____

MEDICAL INFORMATION

Do you have ambulance cover? Yes No Healthcare Card: Yes No Number: _____

Medicare No: _____ Tetanus: Yes No Year of Immunisation: _____

Is your family a member of the Harrow Bush Nursing Centre: Yes No

If not and you are interested in becoming a member, please see Reception at the centre to discuss the benefits of membership to the Harrow Bush Nursing Centre.

Has your child been diagnosed with any of the following conditions (please tick)

Asthma Travel Illness Hearing Loss Vision Loss Epilepsy

Diabetes Aspergers Autism ADHD/ADD Anaphylaxis:

Other

If **Anaphylaxis** please provide *Action Plan for Allergic Reactions* (form to be completed by patients medical or nurse practitioner) and attach to this form.

If you selected **Other**, please provide details: _____

Does your child have any other allergies we should be aware of: Yes No If yes please provide details: _____

MEDICAL INFORMATION CONTINUED...

Does your child have any diet requirements: Yes No *If yes please provide details:* _____

Are there any other medical conditions that staff need to be made aware of that may impact on the undertaking of an activity. Yes No *If yes please provide details:* _____

BEHAVIOURAL INFORMATION:

Does your child have any behavioural issues that impact on their ability to enjoy and participate in the program or may impact on other participants' (e.g. aggression, violence, poor social skills, inability to follow direction)? Please specify:

MEDIA CONSENT:

At the request of Harrow Bush Nursing Centre, I hereby consent to the reproduction of photographs in which my child appears, in any Harrow Bush Nursing Centre publications, displays or paid advertising relating to the promotion of the Harrow Bush Nursing Centre and the School Holiday program: also in any publications (including the internet, newspapers and magazines) produced by any other agencies to which the Harrow Bush Nursing Centre might supply the photographs for the general purpose of the promotion of the Harrow Bush Nursing Centre and School Holiday Program.

Parent/Guardian: _____

Signature: _____ Date: / /

PARENT/GUARDIANS CONSENT/RELEASE (Please tick)

- I give consent for my child to take part in the activity/s by Harrow Bush Nursing Centre (HBNC). I have read and fully understand all the additional information.
- I agree that HBNC will not incur any responsibility or liability for any accident/injury/damage to/loss of property from my child during the activity.
- I authorise HBNC to obtain medical/ambulance assistance in the case of an emergency involving my child.
- I understand if my child is identified with a potential communicable disease a nominated guardian will be required to pick my child up from an activity, or alternative transport arrangements will be made at my cost.
- I also agree to supply my child with all necessary medication and understand that staff cannot administer medication to my child.
- I understand and accept that it is my responsibility to advise HBNC of any changes to the information supplied.

Parent/Guardian: _____

Signature: _____ Date: / /