

PARISH CHRISTMAS ACTIVITY DAY

REGISTRATION FORM

Date: Tuesday December 20th

Place: Sebastian Centre, The Monastery

Time: 9.30 am – 3.00 pm

REGISTRATION and PERMISSION Form

Family Name	Child's Name	Age	Gender	School attended

Iwish to register my child/ren named above for the Parish Activity Day. Please also complete a medical information form (Note a separate form is required for each child)

I give permission for my child/ren to participate in the activities.

..... (Please sign)

I give permission for my child/ren's photos/videos/images to be taken for the purposes of reporting this event in Parish/Diocesan/Catholic Education SA newsletters / magazines/power point.

..... (Please sign)

I give permission for my child/ren's photos/videos/images to be published on the Parish/Diocesan/Catholic Education SA website.

..... (Please sign)

NB No photo/image/video will include any personal information regarding the child's identity.

I am willing to be a helper on the activity day. Yes / No

Name Contact Phone No

COST: \$5.00 per child or
 \$10.00 per family

AMOUNT ENCLOSED

Medical Information Form

Family name: Name of child

Date of birth Date of last Tetanus booster

Does your child suffer from Epilepsy? Yes / No

Asthma? Yes / No

Allergies? Yes/No

(Please give details and include any food allergies)

Any other medical conditions that might affect your child during the course of activities Yes / No

(Please give details)

Please give details of any medication your child might need to take for any of the above conditions. Please supply appropriate dosage of medication with details in a clearly marked container.

I consent to this information being stored securely for future Activity Days. I agree to notify organisers and update the record each time it is to be used. _____ (sign)

Family Doctor / Medical Practice

Phone Number

In case of emergency I authorize parish staff to seek appropriate medical treatment for my child. _____ (sign)

If your child is involved in a medical emergency an ambulance will be called and the cost for this will be billed to you. We therefore strongly advise that all participating families have current ambulance cover.

We have Ambulance Cover Yes / No

EMERGENCY CONTACT DETAILS:

Names	Home phone Number	Work Phone Number	Mobile Phone Number
Mother:			
Father:			
Please supply another emergency contact and indicate relationship eg grandmother, uncle, neighbour etc			