



Thursday 17 December

9.30am - 5pm



Please return to West Epping Uniting Church, 35 Orchard St, Epping 2121

FAMILY INFORMATION

Parent/Guardian First & Last Name:
Email Address:
Home phone number: Mobile Number:
Home Address:
Do you wish to be contacted about future West Epping Events? Yes / No

MEDICAL INFORMATION

Medicare Number:
Private Health Fund: Private Health Fund Number:
Family Doctor: Phone Number:
Dentist: Phone Number:

ALTERNATE EMERGENCY CONTACTS:

Contact 1 Contact 2
Name:
Relationship to Child:
Phone Number:

CONSENT DETAILS:

- I consent to my child(ren) attending the Christmas Activity Day, Joy at Christmas.
I will encourage my child(ren) to participate and co-operate with the leaders and other children
I authorise the leader in charge, where it is impracticable to communicate with me, to arrange for my child(ren) to receive such medical treatment as is required at any time during the activities.
I further authorise the use of Ambulance, if in the leaders judgement, it is necessary.
I accept responsibility for payment of all expenses associated with such treatment
I appreciate that every care will be taken by the leaders and that the leaders and those connected with the activity day cannot be held responsible for personal injury, loss or theft of property affecting my child(ren)

I have read and understand consent details: Yes / No

Do you consent to the use of images of your child(ren) taken to be used in promotional / educational materials? Yes / No

How did you find out about 'Joy at Christmas'?

If you are attending the Family BBQ at 5pm please indicate:

Number of Adults Number of Children

I have enclosed payment of \$

Signature of Parent / Guardian:

Early Bird Registration: \$30 (by 2 December)
Standard Registration: \$35 per child
Family Rate: \$80 for 3 or more children in the same family
Registrations Close: 11 December

NB: Please complete both forms

Please complete this form:

Attendees Details:

Child 1

Child 2

Child 3

First Name	.....	.....	.....
Last Name	.....	.....	.....
Date of Birth	.....	.....	.....
2015 School Year	.....	.....	.....
School Attending	.....	.....	.....
Prefer to be in group with	.....	.....	.....
(preferably in same school year)			

Give details of any person not permitted to contact or collect child:

Are there any court orders relating to such?:

CONFIDENTIAL MEDICAL INFORMATION:

Child 1

Child 2

Child 3

Please indicate if your child suffers any of the following:

Heart Condition	Yes / No	Yes / No	Yes / No
Blackouts	Yes / No	Yes / No	Yes / No
Asthma	Yes / No	Yes / No	Yes / No
Migraines	Yes / No	Yes / No	Yes / No
Other (please specify)			

Is your child currently taking medication Yes / No Yes / No Yes / No

If so give details

Does your child have any food allergies Yes / No Yes / No Yes / No

If so give details (Include treatment)

Does your child have any dietary requirements

Yes / No Yes / No Yes / No

If so give details

Is your child allergic to:

Penicillin	Yes / No	Yes / No	Yes / No
Bee Stings	Yes / No	Yes / No	Yes / No
Other (please specify)			

Are immunisations up to date? Yes / No Yes / No Yes / No

Date of last immunisation

Are there any other important factors that may affect your child's behaviour and is there any other information that is important for us to know to care for your child?

.....

.....