

Medical Information and Permission Form

(Holiday Activity Program)



1. Child/ren's details

| | Surname | First name | Date of birth | Age | M/F |
|-----|---------|------------|---------------|-------|-------|
| (1) | _____ | _____ | _____ | _____ | _____ |
| (2) | _____ | _____ | _____ | _____ | _____ |
| (3) | _____ | _____ | _____ | _____ | _____ |
| (4) | _____ | _____ | _____ | _____ | _____ |

2. Family details – all details to be completed

Parent/Guardian - Full name _____

Home address: House no. _____ Street name: _____

Suburb: _____ Postcode: _____

Phone (H) : _____ Phone (W) : _____ Phone (M) : _____

Second contact (In case of an emergency, other than parent/guardian listed above).

Full Name: _____ **Relationship to child/ren:** _____

Phone (H) : _____ Phone (W) : _____ Phone (M) : _____

Third contact - Full name:

Phone (H) : _____ Phone (W) : _____ Phone (M) : _____

3. Medical contracts and Details

Family's /Doctor's name: _____ Doctor's phone number: _____

Has/have your child/ren any disabilities or special requirements that program staff needs to be aware of or respond to?
(Attach more information if necessary) Yes No

Details 1. _____ 3. _____
2. _____ 4. _____

Do/does your child/ren have any dietary requirements, medical problems or recent injuries which program staff needs to be aware of?
(e.g. epilepsy, asthma, diabetes, heart problems, allergies, infectious diseases) Yes No

Details 1. _____ 3. _____
2. _____ 4. _____

Has your child any fears? (e.g. thunder, dogs etc.) Yes No

Details 1. _____ 3. _____
2. _____ 4. _____

4. Authorisation

I authorise the Holiday Activity Program staff to seek medical, dental and ambulance treatment for my child/ren in the case of an emergency and agree to accept financial responsibility for such services.

I have read, and understand the conditions of **Safety and Duty of Care** (Section 4, see overleaf).

Declarant's signatures: _____

Parent/Guardian's signature: _____ Date: _____

Witness' signature: _____ Witness' name: _____

Witness' address: _____

5. Safety and Duty of Care

- I understand that Redland City Council provides the activity but not a child care facility for my child/ren.
- I understand that I must remain with my child/ren under the age of 8 years for the duration of the activity, or arrange for an alternative care-giver to supervise them (not including Council staff providing the activity).
- I understand the Redland City Council is acting as a facilitator in relation to activities at non-Council facilities. Council's responsibilities are limited to the coordination of transport to and from certain activity venues and in the collection of and payment of entry fees on behalf of participants. When at the activity venue, participants will be under the care and control of the activity provider who will assume responsibility of participants.
- Parents of participants need to make a decision on participation or otherwise in the activity bearing in mind the age, maturity and physical health/stature of the participant and the physical demand of the activity. This decision is important and should be carefully considered. Council accepts no responsibility in this respect.
- I understand that the Redland City Council takes all reasonable steps to meet the needs on all individual children. However, Redland City Council also has a duty to provide a safe and appropriate environment for all children and staff of the program. To this end, Redland City Council reserves the right to decline enrolment or participation in the program where:
 - a) the child presents a risk to the health or safety of the other children and/or staff of the Holiday Activity Program.
 - b) having regard to the nature and cost of any special service or facility required, the child's special needs cannot, after all reasonable attempts are made, be met by the Holiday Activity Program without causing undue disruptions and detriment to the other children and/or staff of the Program.
- I understand that Redland City Council as agreed that the participant/s shall participate in the Program subject to the parent/guardian of the participant/s indemnifying Council against claims for loss and damage caused as a result of such participation. The parent/guardian of the participants indemnifies and will at all times keep the Council, its servants and agents indemnified from and against all actions, proceedings, claims, demands, costs and expenses in respect of any injuries, loss or damage however caused and whether through negligence of the Council, its servants or agents or otherwise and in any way connected with participation in the Program.

Please return completed and signed forms to any of these locations below:

- In person to Council's Customer Service Centres
 - Bloomfield Street, Cleveland
 - Noeleen Street, Capalaba
- By fax to Library Headquarters on 07 3829 8327
- By mail to the Administrative Assistant, Library Headquarters
 - Cnr South & Wellington Streets, Cleveland 4163.