|  |  |
| --- | --- |
| Name |  |
| Address |  |
| School |  |
| Year level this year |  |
| Name of parent/guardian |  |
| Contact phone number |  |
| Email address of parent/guardian  |  |
| Emergency person & contact number |  |
| Medicare # |  |
| Ambulance Membership number |  |

### **People authorised to collect child from activity (other than parent/guardian)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Person 1 | Person 2 | Person 3 |
| Relationship to student |  |  |  |
| Contact number (home) |  |  |  |
| Contact number (mobile) |  |  |  |

### **Medical / Other**

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| --- |
| Does your child have any medical conditions/food allergies or anything that we need to know? Please attach copies of any relevant medical plans; eg; Asthma action plan, current medications |
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|  |

I agree and have no objection to any images/photographs of the member named above being taken and used for youth group/church purposes in the Diocese of Sale without name being published; EG; powerpoint presentations, Parish website, newspapers or social media. **Please tick if you agree**.

|  |
| --- |
| **Medical consent**Where the leader in-charge is unable to contact me, or it is otherwise impractical to contact me, I authorise the leader-in-charge to:* consent to my child receiving any medical or surgical treatment deemed necessary by a medical practitioner
* administer such first-aid as the leader-in-charge judges to be reasonably necessary.
 |
| **Parent/Guardian**Signature of parent/guardian (named above):Date:  |

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|  |