



## School Holiday Program Enrolment Form: April 2017

This information is confidential and all privacy will be respected

The purpose of this form is to help us adequately prepare for your child’s participation in the National Centre of Indigenous Excellence (NCIE) programs. This information is **confidential** and students will not be excluded for medical reasons. By providing accurate information you are ensuring your child’s safety and wellbeing.

### Child Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Child CRN: \_\_\_\_\_ D.O.B: \_\_/\_\_/\_\_\_\_\_

Gender: \_\_\_\_\_ Custody Particulars: \_\_\_\_\_

Is your child Aboriginal or Torres Strait Islander? YES, Aboriginal YES, Torres Strait Islander YES, both NO

Country of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

First Language \_\_\_\_\_ Second Language \_\_\_\_\_

Does NCIE need to be aware of any special cultural or religious requirements?

Is your child at risk or are there any access restrictions, court restrictions, parenting orders or parenting plans that NCIE need to be made aware of? Please list: \_\_\_\_\_

In order to secure your place, please confirm which days your child/children will be attending

MON 10 April	TUE 11 April	WED 12 April	THU 13 April	FRI 14 April	MON 17 April	TUE 18 April	WED 19 April	THU 20 April	FRI 21 April
				PUBLIC HOLIDAY	PUBLIC HOLIDAY				

### Child’s Medical Information

Child Medicare No: \_\_\_\_\_ Valid to: \_\_\_\_\_

Doctor’s Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you a member of the Redfern Aboriginal Medical Service (AMS)? YES NO

<b><u>MEDICAL HISTORY</u></b>	Please tick either <b>Yes</b> or <b>No</b> to all questions		Please provide extra or detailed information where relevant.	
Asthma	No	Yes	If YES, request an “ <b>Asthma Management Form</b> ”	
Allergies	No	Yes	If YES, request an “ <b>Allergenic Reaction Management Form</b> ”	
Diabetes	No	Yes	If YES attach current management/care plan. A fitness to participate form signed by treating doctor will also be required.	
Epilepsy	No	Yes		
Joint/muscle/bone problems?	No	Yes		
Sight/hearing impairment	No	Yes		
Any serious injuries/illness in the last 12 months?	No	Yes		
Is your child currently on any medications?	No	Yes	<i>Please name the medication and dosage</i>	
Other medical condition that may affect participation?	No	Yes	<i>Any health issue that require attention or special care?</i>	
Other: learning issues, psychological, emotional or behavioural issues?	No	Yes	<i>Please add details to assist in understanding and managing the student</i>	
Please provide authorised consent for any medical treatment or administration of medicine Sign: _____ Date: _____				
<b><u>DIETARY</u></b>			If vegetarian, does your child eat fish or white meat?	
Any special requirements?	No	Yes		
<b><u>SWIMMING ABILITY</u></b>				
My child can swim 50 metres	No	with a struggle	Comfortably	Strongly
I declare that the information, which I have provided, on this form is complete and correct and <u>that I will notify the NCIE if any changes occur</u> . I authorise any employee of NCIE who is with my child, to give consent where it is impractical to communicate with me, and agree to my child receiving such medical or surgical treatment as may be deemed necessary. I give permission for NCIE to pass this information to a third party (e.g. Doctor, Hospital) to facilitate the medical treatment of my child. I give permission for NCIE to retain this form for statutory archival requirements Signed: _____ (Parent/Guardian) Date: _____				

## Parent/Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent/Guardian CRN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Address:

\_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

## Partner

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Address:

\_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

## Emergency Contacts

Please note NCIE Staff can only allow children to be picked up and dropped off by **authorised emergency pick up contacts**.

### 1. Parent or Guardian/Emergency Contact (Child pick-up authorisation)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Address:

\_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

## 2. Emergency Contact (Child pick-up authorisation)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Address:

\_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

## 3. Emergency Contact (Child pick-up authorisation)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Address:

\_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

## 4. Emergency Contact (Child pick-up authorisation):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Address:

\_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_