NATIONAL CENTRE OF INDIGENOUS EXCELLENCE

NCIE September 2017 School Holiday Program

Enrolment Form

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 NCIE September School Holiday Programs. This information is **confidentia**l 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 the September School Holiday Program.

MON 25th Sept	TUE 26th Sept	WED 27th Sept	THU 28th Sept	FRI 29th Sept	MON 2nd October	TUE 3rd Oct	WED 4th Oct	THU 5th Oct	FRI 6th Oct
					Public Holiday Closed				

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

MEDICAL HISTORY	Please tick either **Yes or No** to all Questions		**Provide detailed information**: *How serious is it? What is it? When? Has it fully recovered? Any known triggers? Is itself managed? Anticipated special management needed?* ***This information is confidential all privacy will be respected***
Asthma	[ ] No	[ ] Yes	If YES, request an **"Asthma Management Form"**
Allergies	[ ] No	[ ] Yes	If YES, request an **"Allergenic Reaction Management Form"**
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	*Please name the medication and dosage*
Other medical condition that may affect participation?	[ ] No	[ ] Yes	*Any health issue that require attention or special care?*
Other: learning issues, psychological, emotional or behavioural issues?	[ ] No	[ ] Yes	*Please add details to assist in understanding and managing the student*

Please provide authorised consent for any medical treatment or administration of medicine

Sign: _____ Date:_____

DIETARY Any special requirements?	[ ] No	[ ] Yes	If vegetarian, does your child eat fish or white meat?

SWIMMING ABILITY My child can swim 50 meters	[ ] No	[ ] with a struggle	[ ] Comfortably	[ ] Strongly

I declare that the information, which I have provided, on this form is complete and correct and that I will notify the NICE if any changes occur. 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

This information is confidential all privacy will be respected

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 authorization):

Name: _____ Relationship: _____

Email: _____

Phone: (Home): _____ (Work): _____ (Mobile): _____

Address:

_____

Suburb: _____ Post Code: _____

2. Emergency Contact (Child pick-up authorization):

Name: _____ Relationship: _____

Email: _____

Phone: (Home): _____ (Work): _____ (Mobile): _____

Address:

_____

Suburb: _____ Post Code: _____

3. Emergency Contact (Child pick-up authorization):

Name: _____ Relationship: _____

Email: _____

Phone: (Home): _____ (Work): _____ (Mobile): _____

Address:

_____

Suburb: _____ Post Code: _____

4. Emergency Contact (Child pick-up authorization):

Name: _____ Relationship: _____

Email: _____

Phone: (Home): _____ (Work): _____ (Mobile): _____

Address:

_____

Suburb: _____ Post Code: _____