

CHILD'S FULL NAME: _____ **DATE OF BIRTH:** ___/___/___

GENDER: _____

Does your child identify as Aboriginal and/or Torres Strait Islander? YES NO (Please circle)

Do you identify as Aboriginal and/ or Torres Strait Islander? YES NO (Please circle)

Does your Partner identify as Aboriginal and/ or Torres Strait Islander? YES NO (Please circle)

Mob/Clan: _____

PARENT/CARER'S FULL NAME: _____

CONTACT NUMBER: _____ **EMAIL:** _____

ADDRESS: _____

EMERGENCY CONTACT (Please provide two Emergency Contacts)

1. _____

NAME: _____

RELATIONSHIP: _____

CONTACT NUMBER: _____

2. _____

NAME: _____

RELATIONSHIP: _____

CONTACT NUMBER: _____

In the event of an emergency, and I am unable to be contacted I, (parent/carer), authorise OONAH staff to arrange whatever transport is necessary for my child to receive appropriate medical care.

Sign: _____

Date: ___/___/___

MEDICAL REQUIREMENTS:

 If your child has any medical requirements a current photo, alongside their current management plan, **MUST** be provided to OONAH staff.

In the event of an injury or incident, appropriate First Aid will be provided by trained staff members. If your child requires specific medication/s as part of their Management Plan, you will need to provide staff with said medication/s and details of use.

FOOD DIETRY REQUIREMENTS:

(Such as vegan, vegetarian, intolerant to lactose/gluten/fructose etc.)

Please specify dietary requirements:

ALLERGIES: YES NO (Please circle)

ANAPHLAXIS: YES NO (Please circle)

 - If **anaphylactic**, please supply **EpiPen** to OONAH staff.

Please specify allergies/anaphylaxis:

Management Plan Provided:

YES NO (Please circle)

ASTHMA: YES NO (Please circle)

Management Plan Provided:

YES NO (Please circle)

OTHER IMPORTANT INFORMATION:

(Such as anxiety, sensory issues, travel sickness, Family Court Orders etc.)

Please specify:



MULTI-MEDIA CONSENT:

I, (parent/carer), give multi-media consent including photo/video of my child to be used by OONAH for promotional purposes (eg. OONAH Newsletter, Annual Report, Promotional Flyers/Brochures, website).

Sign: _____

Date: ____/____/____

SIGNING IN AND PICK UP:

Please note that all children must be signed in and/or signed out for our School Holiday Program.

If you cannot pick up your child, please notify OONAH Staff who will collect your child in your place (family member, carer etc).

This will help to ensure your child's safety, in line with our Child Protection Policies and Procedures.

You **MUST** notify OONAH Staff if there is a change to Primary carers and/or changes in circumstances, such as Court Orders in place.

- Please note that all participants will be required to meet us at the planned activity site and will need to be collected from that site once the activity has finished.

PARTICIPANT'S AGREEMENT:

(Please get your child to write their name here)

I (child's name) _____, agree to honour OONAH's core values of respect, caring and sharing while attending OONAH's School Holiday Program. I will follow OONAH Rules and show respect to other participants, as well as staff and facilitators.

Please complete and return this form to **Rob**:

E-mail: events@oonah.org.au
Youth Phone: 0499 101 681
Landline: 03 5962 2940
Address: 1A Badger Creek Rd, Healesville

We ask that if your child is unwell, can you please ensure that they do not attend the School Holiday Program, to help reduce the risk of spreading any viruses (such as COVID-19) or bugs to the other participants. We appreciate your cooperation and understanding.