

My child would like to be in a group with:

In the event of an emergency, accident or illness to my son or daughter, I understand the leaders of the program will seek medical, ambulance or hospital attention as required, and I accept full responsibility for all expenses incurred.

In the event of a medical emergency, I also consent to my son or daughter receiving any medical, surgical or anaesthetic care which may be needed, as determined by the appropriate medical practitioner or hospital authority to which my son or daughter has been taken for such care.

I wish to declare that my son or daughter suffers from the undermentioned problems and therefore must receive special attention:

- 1) in the event of an accident
- 2) under normal circumstances

(Write N/A if not applicable)

Full details must be disclosed:

1: _____

2: _____

CONSENT

I _____

(Parent/Guardian – Full Printed Name)

Hereby give permission for my son or daughter to participate in the Desert Detectives Holiday Program 2017.

I further agree to indemnify, and hold indemnified, the Uniting Church, its agents, servants and voluntary workers against all claims and losses of every kind arising from, or in conjunction with, my child participating in Starship Discovery activities.

I have supplied full health and dietary information and provided details of emergency contacts. I have read and agreed to the consent above.

I DO / DO NOT (circle) give permission for photography/video footage to be taken during the program for the purposes of reports/publicity/webpage to be used by St Matthew's Uniting Church.

(Parent/Guardian – Signature)

Relationship to child _____

Date _____



St Matthew's Uniting Church
Holiday Program
Registration Form

When: Mon 25th - Tues 26th of September

Time: 9.30am - 4.30 p.m.

Drop Off: 8:30 - 9:30 a.m.

Pick Up: 4:30 -5:30 p.m.

Where: St Matthew's Uniting Church

St Matthew's Lane, Baulkham Hills

Cost: \$30 for 2 days OR \$20 a day



Desert Detectives Holiday Program

For ages Kindergarten to Year 6.

A holiday kid's program presented by St Matthew's Uniting Church Baulkham Hills with fun activities to do during the school holidays. The daily program includes bible stories, games, dramas, craft activities, and morning tea.

WHAT TO BRING:

- Medication in a container labelled on outside with child's name, dose and instructions.
- Closed in shoes – no thongs or slip on shoes
- Packed Lunch

For Further Details Contact Chris Eagles (Children's Pastor)

Email: chris.eagles@stmatthewsuniting.net.au
Mobile 0425 323 649
Church Office: 9686 3003

\$20 /\$30 Payment (cash/cheques)
enclosed with Rego Form
yes / no (please circle)

OR

\$20/\$30 EFT Payment to Baulkham Hills
Uniting Church - yes / no (please circle)

BSB# 082 135 Account# 50918 1238.

Please identify payment by quoting
"SMHP" and your name.

Please Complete separate application for each child:

Name: _____

Address: _____

Phone (H): _____

Mobile: _____

(Mother) (Father)

D.O.B: _____ Male/Female

School Year in 2017 _____

School _____

Parent/Guardian's Name

Registration (Please circle day/s attending)

Monday Tuesday

Name of persons collecting child:

Name of persons legally restricted from seeing child

Health Information

Emergency Contact (if parent/guardian cannot be reached)

Phone: _____

Medicare No _____

Exp Date _____

Does this child suffer from any serious illness?

Describe in full **ANY** allergies (drugs, food, environment etc.)

Any Medication needed during the Day:

(Place in container with child's name and dosage details clearly marked.)

Type of medication

Dosage _____

Does child have a disability that may restrict their ability in any activity _____

Do you give permission to administer Panadol to your child if needed? Yes / No