

**Eden Playtime**  
**Enrolment, Permission & Medical Form**

Please fill out the following details so that we can best care for you and your child(ren) while at Playtime.

**Personal Contact Details**

**Your contact information:**

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

Home phone number: (\_\_\_\_) \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

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

Postal Address: \_\_\_\_\_

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

Relationship to child(ren): \_\_\_\_\_

**Your Medical Information**

Please tick  ✓ if any of the following apply:

asthma  blackouts  blood disorders  blood pressure  diabetic  heart condition  migraines

allergic reactions (e.g. bee stings, penicillin): \_\_\_\_\_

What should we do in case of reaction: \_\_\_\_\_

Any special care required? ( e.g. Limited mobility in arm, need assistance in pouring drinks, writing and similar tasks):

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus immunisation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medicare No: \_\_\_\_\_

Medical/Hospital fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

Name of family Doctor: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Dietary Requirements: Please list any special dietary needs (include any food allergies):

\_\_\_\_\_

Permission for Medical Assistance: I, authorise the leader in charge of the group, where it is impracticable to communicate with me, to arrange for medical treatment, as the leader may deem necessary at any time during Eden Playtime or Other Activities. I accept responsibility for payment of all expenses associated with such treatment. Please tick  ✓ if you agree.

I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary.

Ambulance cover:  No  Yes Details: \_\_\_\_\_



## Child One

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Name of this child's parent(s)/Legal Guardian (if different from the person on page 1 above):  
\_\_\_\_\_

Contact phone number of this child's parent(s)/Legal Guardian (if different from the person on page 1 above): \_\_\_\_\_

### Emergency Contact Person

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relationship to child: \_\_\_\_\_

### Child One's Medical Information

Please tick  ✓ if any of the following apply:

asthma  blackouts  blood disorders  blood pressure  diabetic  heart condition  migraines

other: \_\_\_\_\_

allergic reactions (e.g. bee stings, penicillin):  
\_\_\_\_\_

What should we do in case of reaction: \_\_\_\_\_

Any special care required? (e.g. Limited mobility in right arm need assistance in pouring drinks, writing and similar tasks; Autism, have tendency to run away, please keep doors monitored):  
\_\_\_\_\_  
\_\_\_\_\_

Last tetanus immunisation: \_\_\_ / \_\_\_ / \_\_\_ Last immunisation: \_\_\_ / \_\_\_ / \_\_\_

Dietary Requirements: Please list any special dietary needs (include any food allergies):  
\_\_\_\_\_  
\_\_\_\_\_

### Child One's Medical Contact

Medicare No: \_\_\_\_\_

Medical/Hospital fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

Name of family Doctor: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Ambulance cover:  No  Yes Details:  
\_\_\_\_\_

Permission for Medical Assistance: I, authorise the leader in charge of the group, where it is impracticable to communicate with me, to arrange for medical treatment, as the leader may deem necessary at any time during Eden Playtime or Other Activities. I accept responsibility for payment of all expenses associated with such treatment. Please tick  ✓ if you agree.

I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary.



## Child Two

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of this child's parent(s)/Legal Guardian (if different from the person on page 1 above):  
\_\_\_\_\_

Contact phone number of this child's parent(s)/Legal Guardian (if different from the person on page 1 above): \_\_\_\_\_

### Emergency Contact Person

Emergency Contact details are the same as for Child One, Yes  or if No  please give details

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relationship to child: \_\_\_\_\_

### Child Two's Medical Information

Please tick  ✓ if any of the following apply:

asthma  blackouts  blood disorders  blood pressure  diabetic  heart condition  migraines

other: \_\_\_\_\_

allergic reactions (e.g. bee stings, penicillin):  
\_\_\_\_\_

What should we do in case of reaction: \_\_\_\_\_

Any special care required? (e.g. Limited mobility in right arm need assistance in pouring drinks, writing and similar tasks; Autism, have tendency to run away, please keep doors monitored):  
\_\_\_\_\_  
\_\_\_\_\_

Last tetanus immunisation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last immunisation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dietary Requirements: Please list any special dietary needs (include any food allergies):  
\_\_\_\_\_  
\_\_\_\_\_

### Child Two's Medical Contact

Medical contact details are the same as for Child One, Yes  or if No  please give details

Medicare No: \_\_\_\_\_

Medical/Hospital fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

Name of family Doctor: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Ambulance cover:  No  Yes Details:  
\_\_\_\_\_

Permission for Medical Assistance: I, authorise the leader in charge of the group, where it is impracticable to communicate with me, to arrange for medical treatment, as the leader may deem necessary at any time during Eden Playtime or Other Activities. I accept responsibility for payment of all expenses associated with such treatment. Please tick  ✓ if you agree.

I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary.



### Child Three (3)

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name of this child's parent(s)/Legal Guardian (if different from the person on page 1 above):  
\_\_\_\_\_

Contact phone number of this child's parent(s)/Legal Guardian (if different from the person on page 1 above): \_\_\_\_\_

### Emergency Contact Person

Emergency Contact details are the same as for Child One, Yes  or if No  please give details

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relationship to child: \_\_\_\_\_

### Child Three's Medical Information

Please tick   if any of the following apply:

asthma  blackouts  blood disorders  blood pressure  diabetic  heart condition  migraines

other: \_\_\_\_\_

allergic reactions (e.g. bee stings, penicillin):  
\_\_\_\_\_

What should we do in case of reaction: \_\_\_\_\_

Any special care required?( e.g. Limited mobility in right arm need assistance in pouring drinks, writing and similar tasks; Autism, have tendency to run away, please keep doors monitored):  
\_\_\_\_\_  
\_\_\_\_\_

Last tetanus immunisation: \_\_\_ / \_\_\_ / \_\_\_ Last immunisation: \_\_\_ / \_\_\_ / \_\_\_

Dietary Requirements: Please list any special dietary needs (include any food allergies):  
\_\_\_\_\_  
\_\_\_\_\_

### Child Three's Medical Contact

Medical contact details are the same as for Child One, Yes  or if No  please give details

Medicare No: \_\_\_\_\_

Medical/Hospital fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

Name of family Doctor: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Ambulance cover:  No  Yes Details:  
\_\_\_\_\_

Permission for Medical Assistance: I, authorise the leader in charge of the group, where it is impracticable to communicate with me, to arrange for medical treatment, as the leader may deem necessary at any time during Eden Playtime or Other Activities. I accept responsibility for payment of all expenses associated with such treatment. Please tick   if you agree.

I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary.



### Child Four (4)

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name of this child's parent(s)/Legal Guardian (if different from the person on page 1 above):  
\_\_\_\_\_

Contact phone number of this child's parent(s)/Legal Guardian (if different from the person on page 1 above): \_\_\_\_\_

### Emergency Contact Person

Emergency Contact details are the same as for Child One, Yes  or if No  please give details

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relationship to child: \_\_\_\_\_

### Child Four's Medical Information

Please tick  ✓ if any of the following apply:

asthma  blackouts  blood disorders  blood pressure  diabetic  heart condition  migraines

other: \_\_\_\_\_

allergic reactions (e.g. bee stings, penicillin):  
\_\_\_\_\_

What should we do in case of reaction: \_\_\_\_\_

Any special care required? (e.g. Limited mobility in right arm need assistance in pouring drinks, writing and similar tasks; Autism, have tendency to run away, please keep doors monitored):  
\_\_\_\_\_  
\_\_\_\_\_

Last tetanus immunisation: \_\_\_ / \_\_\_ / \_\_\_ Last immunisation: \_\_\_ / \_\_\_ / \_\_\_

Dietary Requirements: Please list any special dietary needs (include any food allergies):  
\_\_\_\_\_  
\_\_\_\_\_

### Child Four's Medical Contact

Medical contact details are the same as for Child One, Yes  or if No  please give details

Medicare No: \_\_\_\_\_

Medical/Hospital fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

Name of family Doctor: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Ambulance cover:  No  Yes Details:  
\_\_\_\_\_

Permission for Medical Assistance: I, authorise the leader in charge of the group, where it is impracticable to communicate with me, to arrange for medical treatment, as the leader may deem necessary at any time during Eden Playtime or Other Activities. I accept responsibility for payment of all expenses associated with such treatment. Please tick  ✓ if you agree.

I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary.



## Privacy Information

I understand that this information will be stored in a secure and confidential manner. I appreciate that the leaders of Keiraview Uniting Church will take every care and that the leaders and those connected with the activities cannot be held responsible for personal injury, loss or theft of property.

Signed: \_\_\_\_\_ (Parent/Caregiver) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Permission to participate in Program Activities

I consent to my child(ren), listed above, taking part in the **Eden Playtime**.

I accept that there will be some Christian content in this program.

Signed: \_\_\_\_\_ (Parent/Caregiver) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Permission to be photographed or filmed

There are times when children and adults may be photographed, or videotaped, at Playtime and other Playtime or church related events/activities. I give permission for my child(ren) listed above and myself to be photographed and/or videotaped and may be displayed in church and other not for profit publications or on the church website. I understand that as a safety precaution my child's family name will not be published on the Internet and there will be no linkage of names with photographs.

Signed: \_\_\_\_\_ (Parent/Caregiver) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Privacy Information

All the information recorded on this form is collected and managed in accordance with the Uniting Church Privacy Policy. This information has been collected for the primary purpose of **Eden Playtime** and may be used for any activities, conducted or promoted by **Keiraview Uniting Church**.

If you do not want this information to be used for any other purpose other than Eden Playtime please notify in writing to the Eden Playtime Coordinator.

For further information please contact:

**Mrs Jenny Almond ph: 0401245669**

**Rev. Annette Hawken ph 42292303**

Or email

**Mrs Jenny Almond [almondjra@gmail.com](mailto:almondjra@gmail.com)**

**Rev Annette Hawken [minister@keiraview.org](mailto:minister@keiraview.org)**

