

Holiday Program

Child Medical Information



Information Privacy Act 2009 - Redland City Council is collecting your personal information in order to process this application. Your participation is voluntary. The information will only be used by authorised Council Officers for the purpose of recording medical information for the Holiday Program and ensuring our records are accurate. Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

Participant Details – One form per family

	Surname	First name	Date of birth	Age	M/F
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____

Emergency Contacts

Parent/Guardian: _____

Home address: House number: _____ Street name: _____

Suburb: _____ Postcode: _____

Phone (H) : _____ Phone (W) : _____ Phone (M) : _____

Second Contact

Name: _____ Relationship to child/children: _____

Phone (H) : _____ Phone (W) : _____ Phone (M) : _____

Third Contact

Name: _____ Relationship to child/children: _____

Phone (H) : _____ Phone (W) : _____ Phone (M) : _____

Medical Details

Family Doctor/Practice: _____ Phone: _____

Are there any disabilities or special requirements that program staff need to be aware of or respond to?

NO
 YES – Provide details: _____

Are there any dietary requirements, medical conditions or recent injuries which program staff need to be aware of?

NO
 YES – Provide details: _____

Are there any fears or phobias which program staff need to be aware of?

NO
 YES – Provide details: _____

Authorisation

I authorise the Holiday Activity Program staff to seek medical, dental and ambulance treatment for my child/children in the case of an emergency and agree to accept financial responsibility for such services.

As Parent/Guardian, I declare I have read and understood the conditions of **Safety and Duty of Care** overleaf.

Parent/Guardian signature: _____ Date: _____

Witness name: _____

Witness signature: _____

Witness address: _____ Postcode: _____

Safety and Duty of Care

- I understand that Redland City Council provides the activity but not a child care facility for my child/children.
- I understand that I must remain with my child/children under the age of 8 years for the duration of the activity, or arrange for an alternative care-giver to supervise them (not including Council staff providing the activity).
- I understand the Redland City Council is acting as a facilitator in relation to activities at non-Council facilities. Council's responsibilities are limited to the coordination of transport to and from certain activity venues and in the collection of and payment of entry fees on behalf of participants when at the activity venue, participants will be under the care and control of the activity provider who will assume responsibility of participants.
- Parents of participants need to make a decision on participation or otherwise in the activity bearing in mind the age, maturity and physical health/stature of the participant and the physical demand of the activity. This decision is important and should be carefully considered. Council accepts no responsibility in this respect.
- I understand that the Redland City Council takes all reasonable steps to meet the needs of all individual children. However, Redland City Council also has a duty to provide a safe and appropriate environment for all children and staff of the Program. to this end, Redland City Council reserves the right to decline enrolment or participation in the program where:
 - a) The child presents a risk to the health or safety of the other children and/or staff of the Holiday Activity Program.
 - b) Having regard to the nature and cost of any special service or facility required, the child's special needs cannot, after all reasonable attempts are made, be met by the Holiday Activity Program without causing undue disruptions and detriment to the other children and/or staff of the Program.
- I understand that Redland City Council has agreed that the participant/s shall participate in the Program subject to the parent/guardian of the participant/s indemnifying Council against claims for loss and damage caused as a result of such participation. The parent/guardian of the participants indemnifies and will at all times keep the Council, its servants and agents indemnified from and against all actions, proceedings, claims, demands, costs and expenses in respect of any injuries, loss or damage however caused and whether through negligence of the Council, its servants or agents or otherwise and in any way connected with participation in the Program.

Please return completed and signed forms to:

Bookings for Library Activities

In Person to:

Capalaba Library

Noeleen Street, Capalaba

or

Cleveland Library

Cnr Bloomfield and Middle Streets, Cleveland

or

Victoria Point Library

7 – 15 Bunker Road, Victoria Point

Booking for Indigiscope Activities

In Person to:

Redland City Council

Customer Service Centre

Bloomfield Street, Cleveland.

or

Redland City Council

Customer Service Centre

Noeleen Street, Capalaba

Bookings for all other activities are to be booked directly with service provider