

ADJUNCT CARE ENROLMENT FORM

ALP Conference, Saturday 20th August 2022, Kambri Culture Centre

CHILD DETAILS:

Given Name of Child	Surname of Child	Date of Birth	Age

PARENT/GUARDIAN/CARER DETAILS:	Parent/Guardian/Carer 1	Parent/Guardian/Carer 2
Name		
Relationship to child/ren		
Contact Phone Number		

EMERGENCY CONTACTS: (Other than parents/guardians)	First Person	Second Person
Name		
Relationship to Child		
Contact Phone Number		
Authorised to Collect Child	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

HEALTH/MEDICAL INFORMATION	Child 1:	Child 2:	Child 3:
Does your child have allergies, intolerances or dietary restrictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any medical conditions or additional needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child take any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have an Action Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child at risk of Anaphylaxis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please give details of any medical or physical conditions, additional needs, dietary needs etc. your child has. Please note: A current Medical Action Plan **must be provided**.

Details	Action Required

AUTHORISATIONS: Please tick the applicable boxes.

- I give permission for the First Aid Officer to administer First Aid if my child is injured.
- In the event of a serious illness or accident, I give permission for an ambulance to be called and agree to meet related expenses.
- I give permission for my child/ren to go on walks with the service in the local area.

Parent/Guardian/Carer Signature:

Date: