

Hazelhurst

CHILDREN'S EMERGENCY CONTACT FORM

Child/Children's Information

Family Name: _____

First Name: [1] _____ D.O.B. ___ / ___ / ___

First Name: [2] _____ D.O.B. ___ / ___ / ___

First Name: [3] _____ D.O.B. ___ / ___ / ___

Parent / Guardian Information

Name: _____

Contact Phone: [h] _____ [m] _____

Emergency Contact 1

Name: _____

Contact Phone: _____

Relationship to child: _____

Does/do your child/children suffer from:

- Allergies _____
- Asthma _____
- Behavioural Disorders _____
- Disabilities _____
- Special Diet _____
- Medication _____

****Please provide details. If multiple children are listed on the same form, please be sure to specify which child.***

****Please do not give your child any nuts or nut based products for a snack during class***

I have agreed to enrol my child/children in the Children's holiday and/or term program at Hazelhurst arts centre. I understand that whilst every care and precaution will be taken, Sutherland Shire Council and Hazelhurst staff are not responsible for any injury or loss to my child or their possessions whilst at the Centre. I give my permission for the staff at Hazelhurst to seek medical attention for my child/children in the event of an accident or emergency.

Signed: _____

Print Name: _____ Date: ___ / ___ / ___