



HEALTH FORM

Name: _____

Birth Date: ____/____/____ Home Tel: _____

Parent's names: _____

Mobile: _____

Child's year at school: _____

Address: _____

Emergency Contact 1: _____

Relationship to Child: _____

Tel: _____

Emergency Contact 2: _____

Relationship to Child: _____

Tel: _____

Medicare No: _____

Card Ref No: _____ Card Expiry Date: _____

Health Insurance Co: _____

Number: _____

Family Doctor: _____

Telephone: _____

Date of last Tetanus booster: _____

Special dietary needs? Yes/No

(please give details relating to afternoon tea):

Does this person suffer from, or are they limited in their participation in activities by, any of the following?

If "Yes", Please give details (medications, treatments, triggers etc)

1. Respiratory Conditions:

a) Asthma Yes/No _____

b) Other Yes/No _____

2. Allergies:

Food Yes/No _____

3. Diabetes Yes/No _____

4. Epilepsy Yes/No _____

5. Headaches / Nose Bleeds Yes/No _____

6. Other (includes Fears / Phobias) Yes/No _____

Is the participant restricted from any activities? _____

INDEMNITY

PARENT OR LEGAL GUARDIAN, PLEASE READ, SIGN AND DATE THE FOLLOWING:

My signature below indicates my willingness to permit my child to participate fully in all activities associated with Frenchs Forest Anglican Church attendance at **Triple f** (Friday afternoons), with the exception of those activities named on the health form.

While every precaution shall be taken to ensure the good welfare and protection of the child, the Anglican Diocese of Sydney, its council, staff members, employees, or any other person acting on their behalf are hereby released from any and all liability in the event of any accident or misfortune that may occur to the child or damage or loss to their personal property.

In the case of a medical emergency, I hereby give permission to the doctor chosen by the group leaders Andrew Daniels / (Danga) to secure proper treatment for and / or any hospitalisation, injection, anaesthetic, or surgery for the child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

PARENT OR LEGAL GUARDIAN'S SIGNATURE

I _____
being the parent or legal guardian of the abovementioned participant assume full responsibility for her / his health being such that the activities of the programme will in no way aggravate any condition present. If in doubt, I will seek to follow medical advice and inform Frenchs Forest Anglican Church of that advice. I will also notify Frenchs Forest Anglican Church of any significant change in the participant's health during the year. I declare all statements on this form are true and accurate and that I certify acceptance of all conditions herein. I also give my permission for my child to be photographed or videoed for use at end of term Triple f events or advertising Triple f locally.

Signed: _____

Date: _____

