

Holiday Program Participant 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.

1. Adult/Parent Details

Name: _____

Home address: House number: ____ Street name: _____

Suburb: _____ Postcode: _____

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

I am participating in the activity and agree to the **Safety and Duty of Care** conditions overleaf.

Details of Other Participant/s

Surname	First name	Date of birth	Age	M/F
2.				
3.				
4.				
5.				

Emergency Contact (must be non-participating adult)

Name: _____

Relationship to participant: _____

Home address: House number: ____ Street name: _____

Suburb: _____ Postcode: _____

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

Medical Details for all participants (add additional pages if required)

Family Doctor/Practice: _____ Phone: _____

Are there any disabilities or special requirements that program staff need to be aware of or respond to? (Please show corresponding participant number)

- Participant number (refer to participant details)
- NO
- YES – Provide details: _____

Are there any dietary requirements, medical conditions or recent injuries which program staff need to be aware of? (Please show corresponding participant number)

- Participant number (refer to participant details)
- NO
- YES – Provide details: _____

Are there any fears or phobias which program staff need to be aware of? (Please show corresponding participant number)

- Participant number (refer to participant details)
- NO

YES – Provide details: _____

Authorisation

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

I declare I have read and understood the conditions of **Safety and Duty of Care** below.

Parent/Guardian /Adult

Participant 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 must remain with my child/children under the age of 8 years for the duration of the activity, or arrange for an alternate care-giver to supervise them in my absence. An alternate care-giver does not include the Council staff providing the activity.
- I need to take into account the age, maturity and physical health/stature of myself and/or my child/children, and the physical demands of the activity before agreeing to their participation and that Council accepts no responsibility for my decision.
- Redland City Council takes all reasonable steps to meet the needs of all participants in the activity. Council also has a duty to provide a safe and appropriate environment for all participants and staff of the Program and it reserves the right to decline enrolment or participation in the program when:
 - a) The participant presents a risk to the health or safety of the other children and/or staff in the activity.
 - b) The nature and cost of any special service or facility required for the participant's needs cannot, after all reasonable attempts are made, be met by the Holiday Activity Program without causing undue disruption and detriment to the other participants and/or staff.
- My child/children and myself (if applicable) is/are able to participate in the school holiday program on the proviso I indemnify Council against all actions, proceedings, claims, demands, costs and expenses in respect of any injuries, loss or damage however caused as a result of such participation, except to the extent the injury, loss or damage is due to the negligent or unlawful act or omission by the Council, its servants or agents.

Please return completed and signed forms to:

Redlands IndigiScapes Centre
17 Runnymede Road
Capalaba 4157
Fax : 3824 8622
Email : indigiscapes@redland.qld.gov.au

