



## ROCKIT Blast Holiday Programme Medical and Information Form

<b>Child One</b>	<b>First Name:</b>	<b>Date of Birth:</b>
	<b>Surname:</b>	<b>Male / Female</b>
	<b>School:</b>	<b>Year:</b>
<b>Child Two</b>	<b>First Name:</b>	<b>Date of Birth:</b>
	<b>Surname:</b>	<b>Male / Female</b>
	<b>School:</b>	<b>Year:</b>
<b>Child Three</b>	<b>First Name:</b>	<b>Date of Birth:</b>
	<b>Surname:</b>	<b>Male / Female</b>
	<b>School:</b>	<b>Year:</b>
<b>Address:</b>		

**Attendance:**

My child/ren will be attending on (please circle):

Tuesday	Wednesday	Thursday	Friday		Payment
<b>TOTAL</b>					

Primary caregiver's name: \_\_\_\_\_

Relationship to child/ren: \_\_\_\_\_

Home phone no: \_\_\_\_\_ Mob: \_\_\_\_\_

Work phone no: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency contact:** *(in case caregiver cannot be contacted)*

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mob: \_\_\_\_\_

Work phone no: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical details: (Medical conditions/allergies)**


**Behaviour Policy:**

Please tick

I will listen to the ROCKIT leaders

I will take care of people and property

I will join in and have fun

I understand the ROCKIT leaders are responsible for the health and safety of all the children and have the right to remove anyone who is not following the behaviour policy.

Child's Signature

Caregiver's Signature

I am happy for food and drink to be provided for my child

I agree to photographs/video being taken of my child for the purpose of celebrating ROCKIT in St Andrews presentations (powerpoints, websites etc)

In the event of an accident or illness I give consent for the programme leaders to administer first aid and take whatever arrangements they deem necessary to provide care and treatment for my child

I will collect my child from the hall at 12pm or 3pm.  
(Children must remain in the hall until a parent has collected them)

I give permission for my child to walk to Moa Park under ROCKIT supervision.

**ANY OTHER INFORMATION WE SHOULD BE AWARE OF:**

**Signed**

**Date**

**OFFICE ONLY**

Medical

Database

Payment Received

\$

Food Allergies

Signatures

eft  cash  chq Rec#