Registration 2024

Parent/Caregiver Details

(1) Name:		
Relationship to Child/ren:		
Phone	Home:	Mobile:
Home Address:		
Email:		
(2) Name		
Relationship to Child/ren:		
Phone	Home:	Mobile:
Home Address:		
Email:		

Children's Details

Name	D.O.B	School	Year

Emergency Contacts/Next of Kin

Name	Contact Number	Relationship to Child

If I am unable to pick up my child, I trust these people with my child/ren and give permission for them to be contacted, and also to take care of my child/ren if I am not reachable (circle): Yes / No

Medical Information & Emergencies:

Medical Details

Does your child suffer from:

	Child 1.		Child 2.		Child 3.		Child 4.	
Allergies (Anaphylaxis)	yes	no	yes	no	yes	no	yes	no
Asthma	yes	no	yes	no	yes	no	yes	no
Cystic Fibrosis	yes	no	yes	no	yes	no	yes	no
Diabetes	yes	no	yes	no	yes	no	yes	no
Epilepsy	yes	no	yes	no	yes	no	yes	no
Haemophilia	yes	no	yes	no	yes	no	yes	no
Heart / Blood Problems	yes	no	yes	no	yes	no	yes	no

If any response is "yes" please **contact Mike on 0407688120** to determine if a Medical Management Plan should be completed so that we can provide appropriate care.

Other medical conditions and information including FOOD ALLERGIES: [Specify the child's name and if necessary, complete Medical Management Plan.]	(Circle): N/A
Details of any recent operations, illnesses or injuries: [Specify the child's name and if necessary, complete Medical Management Plan.]	(Circle): N/A

Medication

Has your child approval for self-administration of medication? **Yes** **No**

Prescription Medications: [Note: All medications MUST be in their original container showing pharmacy label]

Drug Name	**Dosage**	**Frequency / Times**	**Doctor's Instructions**	Routine	Emergency

In the event of headache, coughs or colds, the following pharmacy medications may be used:

Headaches	
Coughs / Cold	

*I understand that in a medical emergency my child may be transported by ambulance or a leader's vehicle to the nearest hospital, and that I am responsible for all transportation and medical costs incurred.

Signed: ________________________ Date: _______________

Offsite Activities and Photography (cross out any you don't agree to):

I give permission for my child/ren to:

1. Be driven to offsite activities by an Amplify leader in their privately owned or church vehicle (with another leader present in the vehicle!);
2. Participate in offsite activities;
3. Be visible in photographs and/or videos that may appear in Amplify promotional material:

Signed: ________________________ Date: _______________