

KCENTRAL DAY REGISTRATION FORM

PLEASE USE ONE FORM PER CHILD AND RETURN TO ABBOTSFORD PRESBYTERIAN CHURCH, PO BOX 3093, WAREEMBA NSW 2046. ADDITIONAL FORMS ARE AVAILABLE FROM [HTTP://WWW.KCENTRALINFO.COM](http://www.kcentralinfo.com)

Child's Surname: First Name:
Age: School Year: Date of Birth: / / Male/Female:
Child's School:
Home Address:
..... Postcode:
Parent Name(s): Phone:
Emergency Contact Person (other than parents):
Relationship to Child: Phone:

Name(s) of person(s) collecting child:
.....

Has your child had a current Tetanus injection? Please circle: YES/NO

List any regular medications taken by your child:
.....

Does your child have any known allergies to drugs (e.g. antibiotics, sulpha drugs, Panadol)? If so, please list:
.....

Does your child have any severe food allergy/anaphylaxis or special dietary needs?
If so, please list:

Does your child have Asthma? Please circle: YES/NO.

If yes, please complete the Asthma Management Plan form overleaf.

Any additional information which may assist staff (e.g. Diabetes, Epilepsy, Heart Condition, Psychological Issues, etc.):

Consent to Medical Treatment

If a parent or guardian is not readily available to authorise hospital or medical treatment, a responsible Abbotsford Presbyterian Church representative is hereby empowered to give authority for such treatment if, at any time within the duration of the program my child suffers illness or injury. I authorise a responsible representative of the church to arrange for the provision of hospital and/or medical treatment including injections, blood transfusions and the like, and/or oral medication.

Signature: Date:

(Parent/Guardian)

CONSENT TO PHOTOS & VIDEOS

Photographs and video footage will be taken of children taking part this event. This footage may be used in the promotion of future Abbotsford Presbyterian Church programs. I consent for photographs and/or video footage to be taken of my child during this event for these purposes.

Signature: Date:

(Parent/Guardian)

ASTHMA MANAGEMENT PLAN

Regular medication taken:

Drug: Dosage:

Additional medication to be taken during attack:

Best Peak Flow Reading:

Peak Flow Reading requiring extra medication:

Peak Flow Reading requiring use of Nebuliser:

Peak Flow Reading requiring transfer to hospital or doctor:

(Please send your child's Peak Flow Meter, Spacer and medication to this activity.)

PLEASE TICK...

My child and I will be coming to the sausage sizzle.

(Number of people attending, including children:))

My child will be attending the afternoon program.

TOTAL AMOUNT PAYABLE

Number of children: x \$5.00 =

(Please fill out a separate registration form for each child)

Please find cash/cheque for \$..... enclosed, payable to "Abbotsford Presbyterian Church"

OR

I will bring payment on the day.