

Administration of medication

- I/we understand that for all medications I must complete and sign an Authority to Administer Medication Form on the days that the medication is to be administered.
- I/we have read and agreed to follow the centre policy on **Administration of Medication**.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ *(Please print)*

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ *(Please print)*

Medical or hospital attention and emergency transport

- In the event of accident or illness (when centre is unable to contact parents/guardians or authorised persons), I/we consent to medical or hospital attention being sought for the child/children.
- In the case of emergency I/we agree for my child/children to be transported by private car/ambulance. I/we agree to pay expenses incurred for medical treatment and transport.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ *(Please print)*

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ *(Please print)*

Payment of fees

- I/we have read and understand the **Payment of Fees (7)** as outlined in Information for Families/Family Handbook.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ *(Please print)*

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ *(Please print)*

Authorisation to participate in all activities:

- I am willing for my child/children to participate in all activities offered in the vacation care program. I agree it is my responsibility to familiarise myself with the program and advise the centre in writing if I do not wish my child/children to participate in a particular activity.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ *(Please print)*

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ *(Please print)*

Photographs

- I agree to photos being taken of my child/children and understand that they may be used for the purpose of marketing materials, promotion of the program or as part of a program activity.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ *(Please print)*

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ *(Please print)*

EXCURSION AUTHORISATION (MUST BE SIGNED OR CHILDREN CANNOT GO ON EXCURSIONS)

I give permission for my child / children to attend all incursions and excursions in Vacation Care from July 1st 2019 to June 30th 2020. I allow my child / children to be transported by private bus charter, public transport or walking between the excursion venue and the vacation care centre. I also give permission for the excursion venue to be changed on chance of inclement weather.

Name _____ Sign _____ Date ____ / ____ / ____