



**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 30<sup>th</sup> 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_