

MEDICAL INFORMATION

Child's Doctor:

Address:

Telephone:

Does your child have any particular health needs we should be aware of?
(eg asthma, medical conditions, allergies, disabilities? (please circle)

Yes / No

If **yes** please give details and any medications your child may be taking?
(you may be required to complete a Special Needs Additional Information Form)

Is there anything else we should know about in order to take good care of your child?
(eg custody arrangements, behaviour management strategies, special interests, cultural considerations)

Media Releases and Photographs

I consent to my child being photographed and these photographs to be used in any media coverage in regards to the promotion of the programme eg: our facebook page (please circle)

Yes / No

PARENT CONTRACT

Privacy Act:

The information that you have supplied is necessary for the safe and effective operation of our after school programme. You are welcome to view this information at any time by contacting the Programme Supervisor. I authorize the sharing with WINZ and Oranga Tamariki any information in regards to attendance records or any mater relating to the collection of fees.

Excursion Authority:

I hereby give my authorization for the above named child to attend off site excursions whilst in the care of Kidz Klub After 3 Ltd. I understand that while all care will be taken to ensure the safety and wellbeing of the child, neither the staff, or management of the programme will be held liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance at these excursions.

Medical Authority:

Kidz Klub After 3 Ltd has my permission to arrange any urgent medical treatment for my child which I understand will be at my sole cost.

I consent to minor first aid being administered by one of the trained programme staff.

Enrolment:

I will advise the programme of any changes to the enrolment form information immediately.

I have read and understood the above and the accompanying 'Parent Information Brochure'.

I accept sole responsibility for the user fees and understand that any fees outstanding must be paid within 14 days of the date of invoice. Failure to do so may result in the outstanding account being referred to Baycorp NZ Ltd along with any additional collection fees.

The information I have written is true and accurate and I have not withheld any information, especially about my child's health status.

The programme is run in accordance to our best practice policies and procedures that meet approval standards of Oranga Tamariki. These are available for viewing on request.

Signature of parent:

Date:

Name of Parent (please print):