

School Holiday Activity



Bindoon St John Sub Centre

Wed 2nd Oct

10am - 10.30am **Kindy & PP**

Identify an emergency, what # to call, who can help.

10.45am to 11.45am **Year 1&2**

Recognise danger, get someone to respond, when & how to send for help.

12pm to 1pm **Year 3 - 6**

Assess casualty's condition, check airways & breathing, place casualty in recovery position.

1.30pm to 3pm **Year 7 - 12**

Practise the priority first aid skills. Manage an unconscious casualty using DRSABCD & CPR.

Submit Registration Form by Wed 25 Sept to Alison via email cdo2@chittering.wa.gov.au

Accidents can happen at any time and sometimes the only person available to help is a young person.....



Kids First Aid - School Holiday Activity October 2019

Family Details

Suburb:

Email:

LIMITED PLACES! Please ensure that your child is registering in the workshop appropriate to their age. Confirmation for attendance will be sent to nominated email. Email registration form to cdo2@chittering.wa.gov.au

Child 1 Name:

Date of Birth: / / Year:

Kindy & Pre Primary Years 1 & 2

Years 3 to 6 Years 7 to 12

Child 2 Name:

Date of Birth: / / Year:

Kindy & Pre Primary Years 1 & 2

Years 3 to 6 Years 7 to 12

Child 3 Name:

Date of Birth: / / Year:

Kindy & Pre Primary Years 1 & 2

Years 3 to 6 Years 7 to 12

Child 4 Name:

Date of Birth: / / Year:

Kindy & Pre Primary Years 1 & 2

Years 3 to 6 Years 7 to 12

WHO TO CALL IN AN EMERGENCY

Name:

Relationship to participant:

Phone:

Known medical conditions:

(eg. Asthma, epilepsy) Child 1 Child 2 Child 3 Child 4

If medication is required for this condition, please ensure that your child has their appropriate medication with them for the duration of the activity. If your child cannot self-administer, then parents must remain with child for the duration of the activity.

Authorised Persons & Medical Assistance

Who will be staying with your child? Yes (no further detail required) No

If NO, please provide us with the name and contact details of the person authorised to pick your child up at the end of the activity.
Name: Phone:

In the event that your child needs medical attention, and you **are not** staying with your child, do you give us permission to apply basic first aid? Yes No

If your child needs further medical attention and you are unable to get back to the facility within 10 minutes, do you give us permission to transport your child to the nearest appropriate medical facility? You will be contacted. Yes No

If no, would you like us to call an ambulance, or wait for you to arrive? Ambulance Wait