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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Details** | | Suburb | |  | | | | | | | Email: | | | | | | | |
| **Confirmation for attendance will be sent to nominated email. Email rego form to** [**alison.reliti@chittering.wa.gov.au**](mailto:alison.reliti@chittering.wa.gov.au) | | | | | | | | | | | | | | | | | | |
| **Child 1 Name:** |  | | | | Age: | |  |  | **Child 2 Name:** | | |  | | | | **Age:** | |  |
|  | | | | | | | |  |  | | | | | | | | | |
| **Child 3 Name:** |  | | | | **Age:** | |  |  | **Child 4 Name:** | | |  | | | | **Age:** | |  |
|  | | | | | |  | |  |  | | | | | | | |  | |
| **WHO TO CALL IN AN EMERGENCY** | | | | | | | |  | **Authorised Persons & Medical Assistance** | | | | | | | | | |
| Name: | | |  | | | | |  | Will you be staying with your child? | | | | Yes (no further detail required) No | | | | | |
| Relationship to participant: | | |  | | | | |  | 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. | | | | | | | | | |
| Phone: | | |  | | | | |  | Name: |  | | | | Phone: |  | | | |
| Known medical conditions:  (eg. Asthma, epilepsy) | | | Child 1      Child 2      Child 3  Child 4 | | | | |  | 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 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.* | | | | | | | |  | 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? | | | | | | | | Yes    No | |
|  |