



Sydney Trapeze School - Kids Camp Pack
Student Information, Special Requirements, Allergy & Medical Information

| Child's Details | |
|---|-------------------------------------|
| Name: | Gender: Male Female D.O.B: |
| Home Address: | |
| Home Phone Number: | |
| Are there any issues or considerations relating to any specific needs or requirement for your child? YES/NO If YES please provide details: | |

| Parent/Guardian Details <i>(At least 1 Parent/Guardian Details please)</i> | |
|--|------------------------|
| Parent/Guardian One | Parent/Guardian Two |
| Name: | Name: |
| Relationship to Child: | Relationship to Child: |
| Mobile Phone: | Mobile Phone: |
| Work Phone: | Work Phone: |

Emergency Contacts/Collection of Child *(At least 1 Emergency Contacts/Collection of Child Details please):*

Please nominate up to two other people who you authorise to:

- act as 'Emergency Contacts' in the event that parents are unavailable
- pick up your child from Sydney Trapeze School

| Person One | | Person Two | |
|------------------------|---------------|------------------------|---------------|
| Emergency Contact | Yes/No | Emergency Contact | Yes/No |
| Pick Up Permitted | Yes/No | Pick Up Permitted | Yes/No |
| Name: | | Name: | |
| Relationship to child: | | Relationship to child: | |
| Work Phone: | | Work Phone: | |
| Mobile Phone: | | Mobile Phone: | |



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Health Information

It is important to keep the following information correct at all times as the information can be valuable in an emergency.

Asthma, Allergies and Other Medical Conditions

Does your child suffer from any of the following? If yes, please provide details.

| | | | | | |
|-------------|---------------|----------------------|---------------|----------|---------------|
| Allergies | YES/NO | Epilepsy/Convulsions | YES/NO | Asthma | YES/NO |
| Anaphylaxis | YES/NO | Diabetes | YES/NO | Other | YES/NO |
| | | | | Specify: | _____ |

If you answered **YES** to any of the above, please supply details, (e.g. Asthma Management Plan for Asthma, Action plan for Anaphylaxis, Health Plan for anything else) prior to the commencement of the class at Sydney Trapeze School.

Does your child require any form of on-going treatment for anything noted above?
YES/NO

If **YES**, please supply details:

If you answered **YES** to allergies - known or suspected, please supply details in full, including how this is managed at home (Please supply any relevant documentation relating to treatment methods or other relevant information).

Does your child have any special needs, or are they on regular medication?

YES/NO

If **YES**, please supply details, including copies of any supporting documentation and fill in an Ongoing Medication Form in case of long term medication needs which will be provided on request.



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Dietary Requirements

Does your child have any known or suspected **food intolerances or allergies** to foods?

YES/NO

If yes, please supply details in full and documentation from your medical professional relating to management of these:

Acknowledgements and Consents

Following are a number of standard questions we need your acknowledgement and consent. Please answer yes or no for each question.

| | | |
|---|------------------|-------------|
| Do you consent to your child being photographed and his/her photos appearing on display at Sydney Trapeze School – not for the purpose of advertising? | YES | NO |
| Do you consent to your child being photographed and his/her photos used for the purpose of advertising and on the Sydney Trapeze School website? | YES | NO |
| Do you consent to our staff administering First Aid to your child where necessary, using contents of the First Aid Kit when appropriate. | YES | NO |
| In the case of an emergency, do you give permission and consent for our staff to seek out any medical treatment deemed appropriate (e.g. Medical, Dental, Hospital, Ambulance service, etc) and consent to the carrying out of any such treatment for your child? | YES | NO |
| Do you understand that you will accept full liability for the cost of any such medical treatment that is given to your child/children in case of emergency? | YES | NO |
| | | |
| Names <i>(At least 1 Guardian must sign this form)</i> | Signature | Date |
| Guardian: | | |

Please return the completed form to via email: info@sydneytrapezeschool.com

(Prior to the commencement of the class)

Either Scan the document

OR

Take photos of the document with your smart phone

(If you do take photos please ensure they are in focus and legible)

If you have any queries or questions don't hesitate to contact the school directly on (02) 9557 9668

www.SydneyTrapezeSchool.com

Sydney Trapeze School Pty Ltd. Building 2K, 1-7 Unwins Bridge Rd, St Peters, NSW 2044.

Ph: **(02) 9557 9668** Email: info@sydneytrapezeschool.com