



## Registration 2024

### Parent/Caregiver Details

<b>(1) Name:</b>		
<b>Relationship to Child/ren:</b>		
<b>Phone</b> →	<b>Home:</b>	<b>Mobile:</b>
<b>Home Address:</b>		
<b>Email:</b>		
<b>(2) Name</b>		
<b>Relationship to Child/ren:</b>		
<b>Phone</b> →	<b>Home:</b>	<b>Mobile:</b>
<b>Home Address:</b>		
<b>Email:</b>		

### Children's Details

Name	D.O.B	School	Year

### Emergency Contacts/Next of Kin

Name	Contact Number	Relationship to Child

If there anyone your child must not have contact with, how would you like us to handle this issue?

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## Medical Information & Emergencies:

Medical Details	<b>Does your child suffer from:</b>								
		Child 1.		Child 2.		Child 3.		Child 4.	
	Allergies (Anaphylaxis)	yes	no	yes	no	yes	no	yes	no
	Asthma	yes	no	yes	no	yes	no	yes	no
	Cystic Fibrosis	yes	no	yes	no	yes	no	yes	no
	Diabetes	yes	no	yes	no	yes	no	yes	no
	Epilepsy	yes	no	yes	no	yes	no	yes	no
	Haemophilia	yes	no	yes	no	yes	no	yes	no
	Heart / Blood Problems	yes	no	yes	no	yes	no	yes	no
	If any response is "yes" please contact the <u>Mike Welham</u> to determine if a Medical Management Plan should be completed so that we can provide appropriate care.								
<b>Other medical conditions and information including</b>		(Circle): N/A							
<b>FOOD ALLERGIES:</b>									
[Specify the child's name and if necessary, complete Medical Management Plan.]									
<b>Details of any recent operations, illnesses or injuries:</b>		(Circle): N/A							
[Specify the child's name and if necessary, complete Medical Management Plan.]									

Medication	<b>Has your child approval for self-administration of medication?</b>				<b>Yes</b>	<b>No</b>	Routine	Emergency
	<b>Prescription Medications:</b> [Note: All medications MUST be in their original container showing pharmacy label]							
	<b>Drug Name</b>	<b>Dosage</b>	<b>Frequency / Times</b>	<b>Doctor's Instructions</b>				
	<b>In the event of headache, coughs or colds, the following pharmacy medications may be used:</b>							
	Headaches							
	Coughs / Cold							

I understand that I need to sign my child/ren out from the Cathedral Hall after the 10am Service (circle): Yes / No

Do you give permission for your child to be in photos or videos? (circle): Yes / No

I give permission for my child/ren listed on this form to take part in *Cathedral Kids* for 2023.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_