



CATHEDRAL minis

Registration 2024

Parent/Caregiver Details

| | | |
|----------------------------|-------|---------|
| (1) Name: | | |
| Relationship to Child/ren: | | |
| Phone | Home: | Mobile: |
| Home Address: | | |
| Email: | | |
| (2) Name | | |
| Relationship to Child/ren: | | |
| Phone | Home: | Mobile: |
| Home Address: | | |
| Email: | | |

Children's Details

| Name | D.O.B |
|------|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

If you're unreachable in an emergency, who else can we contact re your child?

| Name | Contact Number | Relationship to Child |
|------|----------------|-----------------------|
| 1. | | |
| 2. | | |

Medical Information & Emergencies:

| | | | | | | | | | |
|--|---|---------------|----|----------|----|----------|----|----------|----|
| Medical Details | Does your child suffer from: | | | | | | | | |
| | | 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. | | | | | | | | |
| Other medical conditions and information including | | (Circle): N/A | | | | | | | |
| FOOD ALLERGIES: | | | | | | | | | |
| [Specify the child's name and if necessary, complete Medical Management Plan.] | | | | | | | | | |
| Details of any recent operations, illnesses or injuries: | | (Circle): N/A | | | | | | | |
| [Specify the child's name and if necessary, complete Medical Management Plan.] | | | | | | | | | |

Does your child need a special medical plan? (circle): Yes / No

*If your child does need a special medical plan, please see Ali Morgan to put this in place.

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

By providing your name and signature below, you give permission for your child/ren listed on this form to take part in *Cathedral Minis* for 2024.

Parent Name: _____

Parent Signature: _____ Date: _____