



Child Information

Child 1

Full Name:

Age & D.O.B:

School:

Interests & Hobbies:

Child 2

Full Name:

Age & D.O.B:

School:

Interests & Hobbies:

Child 3

Full Name:

Age & D.O.B:

School:

Interests & Hobbies:

Parent Information

Names:

Email Address:

Contact Number 1:

2:

Address:

Medical Information

Does your child have any medical conditions or disabilities which may affect your child's participation in any of the AICE Club activities?

No / Yes, if yes, please give details below:

Is your child taking any prescribed medications which may be required to be continued during the activity time frame?

No / Yes, if yes, please provide details below & attach a medical plan.

Does your child have any known allergies (i.e. Insect bites, food)?

No / Yes, if yes, please provide details below and attach allergy medical plan:

Is there any other information you would like to give which, in your view may affect your child's participation in any of the activities?

No / Yes, if Yes please provide details below:

How would you rate your child's swimming ability?

Emergency Contact Information

Other than Parents/Guardians listed on page 1.

Emergency Contact	
Full Name:	
Relationship to child:	
Contact numbers 1:	2:
Email Address:	

Child's Doctor Details	
Name of Doctor:	
Name of Practice:	
Address:	
Phone Number:	

Privacy Statement

Children for Change Inc is collecting the personal information requested in this form in order to:

- Obtain lawful consent for your child to participate in the activities associated with the AICE Club.*
- To respond appropriately to any medical conditions that may arise during or as a result of the activity*

The information will only be assessed by AICE Club supervisors and will be kept with high standards of confidentiality.

Consent Form

As a Parent/Guardian for the legal responsibility of:

(Child's first & last name)

I/We:

(Parents/Guardians first & last names)

Give consent for my child mentioned above to participate in the AICE Club activities which are detailed in the written information made available to me.

Understand my child will be engaging directly with nature in a range of settings and therefore am aware the potential risks where my child may but unlikely be injured.

Understand that my child may be getting wet & dirty depending on the activity.

Accept that the supervisors will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the children who participate in the activities associated with AICE Club.

In the event of any illness or accident, I/we authorise the supervisors to obtain or administer any medical assistance or treatment that my child may require and accept responsibility of any medical expenses that may occur.

Have given true and accurate information relating to my/our child's age, swimming ability and medical conditions and will update these when necessary.

Understand that AICE Club is not a registered after school hours care provider but a special interest activity club.

Understand that on the rare occasion an activity may be cancelled due to weather or other environmental variables where a refund will not be given.

Agree to pay Children for Change Inc any fees or charges that are associated with AICE Club activities.

Give consent for my child's photo to be taken and possibly used some time in the future in relation to advertising material, reports, social media etc.

Will apply sunscreen to my child if necessary before the activity commences & give permission for AICE Club staff to reapply sunscreen & insect repellent when necessary throughout the course of the activity.

Date:

Signatures:

Parent/Guardian 1:

Parent/Guardian 2:
