



Participant Information Form (SAMPLE)

Child Information

Program Name

Surname _____ First names

Date of Birth _____ Male/female

Parent /Caregiver Information

Surname _____ First names

Address

Mobile Phone _____ Email

Home Phone _____ Work Phone

Medical Information

Please list any medical conditions or allergies, and any medication or special care they require.

Dietary Restrictions

Is your child on a restricted diet? Yes / no

If yes, please indicate foods or beverages your child should not consume:

In Case of Emergency - Contact Numbers

Surname _____ First names _____

Relationship to Child _____

Mobile Phone _____ Home/Work Phone _____

Surname _____ First names _____

Relationship to Child _____

Mobile Phone _____ Home/Work Phone _____

Authorisations

- ☐ I authorise the leader in charge of this program/event to arrange for my child to receive such first aid and medical treatment as a trained first aid person may deem necessary.
- ☐ I authorise the use of calling an ambulance by a qualified first aid officer if in his/her judgment it is necessary.
- ☐ I accept responsibility for payment of all expenses associated with such treatment.

Please read the following statement and tick the boxes from which you wish to preclude your children:

- ☐ I DO NOT give permission for my child to participate in activities outside of the organisation facilities except where they are within reasonable walking distance.
- ☐ I DO NOT give permission for my child to be transported in private cars arranged by the Coordinator / Program Leader.
- ☐ I DO NOT permit photos taken of my child to be displayed on notice boards at the organisation.
- ☐ I DO NOT permit photos taken of my child to be displayed in publications, e.g. website, newsletters, brochures, etc.

Name _____

Date _____

Signature _____

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