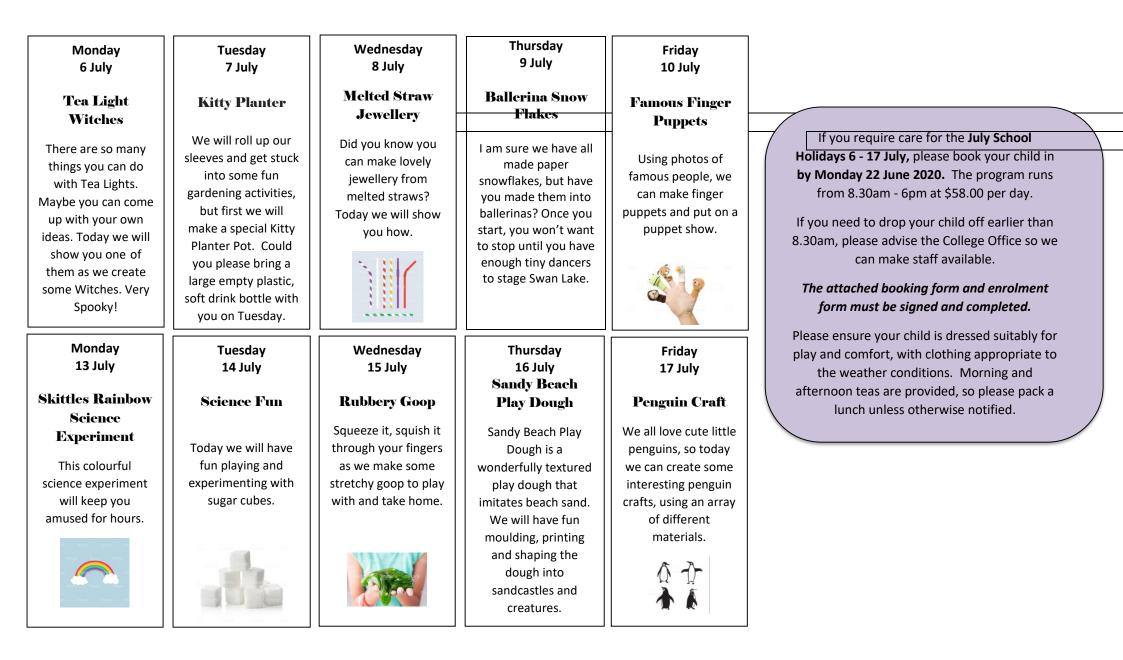
Holiday Care Program

Monday 6 July – Friday 17 July 2020





Holiday Care Enrolment Form Monday 6 July – Friday 17 July 2020

Child's Name:						
Mothe	r's Name:					
Phone	Work:					
Phone	Home:					
Mobile						
	's Name:					
Phone	Work:					
	Home:					
	:					
Addres	55:					
Emerg	ency Contact Number (while child is in c	are)	Name:			
Phone	No: I	Mobile: _				
Family	/ Doctor:	_Phone:_				
1. 2. 3.	I/We have read the attached holiday progra authorise my child/children to attend any ex and that excursion program details may cha (Please note there will be no excursions duri I/We understand the ratio for child care on e I/We consent for my child to travel on or in a transport is deemed by the College to be ne excursion;	cursions p nge due to ng this tin excursions any form o	blanned during the Vacation Care period b insufficient bookings or poor weather, ne.) is 1 carer to every 10 children; of public or private transport where such			

- 4. I/We consent for my child to participate in all activities and functions arranged as part of this excursion;
- 5. I/We consent for the College, by its servants or agents:
 - To seek such medical or dental advice on behalf of my child as seen fit in the event of accident or illness, and;

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- If, in the opinion of an attending medical or dental practitioner or medical officer ('health practitioner') my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that health practitioner giving such attention or treatment; provided that reasonable efforts are made to inform me of any serious injury or illness;
- 6. I/We certify that the consent which I have given in paragraph 4 is valid at all times while my child is in the custody of the College while attending or participating in the Vacation Care excursion;
- 7. I/We certify that I understand that the College will take reasonable care in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be directly responsible for any act or omission of any health practitioner attending or treating my child;
- 8. I/We agree that the College is not liable if any of my child's possessions or property is damaged, lost or stolen during this excursion;
- 9. I/We certify that in the event of my child being injured in any way in the course of this excursion, I will not in any way hold the College, or its agents, responsible unless such injury is caused by the wilful neglect or actionable negligence on the part of the College or its agents.
- 10. I/We certify that I have read the information supplied to me. My child agrees to abide by the conditions indicated.
- 11. I/We certify that if my child should exhibit behaviour that seriously endangers themselves or others or seriously interferes with others' enjoyment of the excursion, I will bear the full cost of return transport home/back to the College for my child and any adult supervisor that may be required to ensure the safety of my child during that transport as well as cancellation charges or similar incurred.
- 12. I/We agree for my child to undertake all activities and use all equipment and materials detailed, being aware of the hazards and risks that may be involved including but not limited to slips, trips, stumbles, falls, cuts, abrasions, lacerations, sprains, strains, fractures, burns, traffic and vehicular accidents, insect, animal and snake bites and drowning; and
- 13. I/We certify that it is my responsibility to provide updated medical information in writing to the College Office and/or the Child Care Supervisor in addition to any information provided below.

Signature: _____

Parent/Carer

Date: _____

Medical Information

Please provide details of any new or updated medical or health information for your child (i.e. information in addition/different to what is already held on College enrolled student records) and also provide this information in writing to the College Office.

Signed: ______ Date: ______ Date: ______ Name: ______

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Child's Name:	Age:	
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Child's Name:	Age:	

Please tick dates where you require Holiday Care

Monday 6 July	Tuesday 7 July	Wednesday 8 July	Thursday 9 July	Friday 10 July
Monday	Tuesday	Wednesday	Thursday	Friday
13 July	14 July	15 July	16 July	17 July

Please return this booking form to the College Office by Monday 22 June to ensure the College can staff correctly.