



HOLIDAY PROGRAM

MEDICAL INFORMATION – CONFIDENTIAL

If you are under the age of 18 years, this form needs to be completed and signed by your parent/ guardian.

Privacy Notice: The information requested on the form is essential for assisting Kulture Break plan for the support of your child’s health needs while in our care. It will be used by Kulture Break only. If you do not provide all or any of this information, our capacity to support your child’s health needs could be impaired. This information will be stored securely.

You may correct any personal information provided at any time by contacting our Office Administrator via email admin@kulturebreak.com or Kulture Break HQ Office Phone (02) 6296 3265. It is important that the most up-to-date contact details are on file at all times in case contact is necessary.

Please complete each section and SIGN each section

Surname:		First Name:	
Age:	Date of Birth:		Today’s Date:
Address:			
Mother’s Name:			
Ph: (Home)	Ph: (Work)		Ph: (Mobile)
Father’s Name:			
Ph: (Home)	Ph: (Work)		Ph: (Mobile)

Emergency Contacts

In case of emergency it is essential that we can contact parents. However, if this is not possible we ***MUST*** be able to contact at least two reliable people or relatives who can take responsibility for the student. Please list the relevant details below and indicate the relation to the student.

1. Emergency Contact Person: (other than parent)		Relationship to Child:	
Ph: (Home)	Ph: (Work)		Ph: (Mobile)
2. Emergency Contact Person: (other than parent)		Relationship to Child:	
Ph: (Home)	Ph: (Work)		Ph: (Mobile)

Medical Information

Are you or your child taking regular medication that will be required to be taken for the duration of the trip If necessary please provide a letter from your child's Dr outlining medication dosages and reason for administration.

Name of Medication:	Dosage:
Times to be taken:	Reason /Condition:

Does your child have a reaction / allergy to any type of medication / food / plants / insects, etc? Please give details. (e.g. asthma, diabetes etc.)

Does your child have any special dietary requirements? Please provide details

Medicare details:

Medicare number:

Private Health insurance details (if applicable):

Dr name/ practice:

Phone:

Immunisation Information

My child has been immunised against Tetanus YES/NO Date of last injection: _____

If in time of an accident, serious illness or emergency I cannot be contacted, I give permission for Kulture Break teachers and chaperones to seek medical attention. I understand that I am responsible for all costs associated with any medical treatment my child may receive.

Parent/ Guardian's Signature:	Date:
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Publicity Consent Form

I give permission for my child, _____ to be involved in promotional activities or articles that may appear in school newsletters or Kulture Break website. This may include still/and or video photography, printing of names under photos, therefore, identifying students publicly, or the printing of names in relation to student achievements and activities.

Parent/Guardian's Signature:	Date:
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Physical Contact

I understand that at times, my child _____ will have physical contact with teachers (for corrections) and other students (for support and to form sequences throughout the dance).

Parent/Guardian's Signature:	Date:
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Email – Communication

My email address is (write clearly) _____

All correspondence can be electronically emailed to the above address including invoices, and correspondence relating to dance for my child _____. I will also check the Kulture Break website for communication and amendments.

Parent/Guardian's Signature:	Date:
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Disclaimer:

Dance classes can involve risk or personal injury. While Kulture Break takes all reasonable care in the conduct of its classes, it accepts no responsibility for injury or loss caused during classes or whilst students/participants are at or near the dance studio. You are responsible for ensuring that you or your child are physically and medically fit for the class and during the class you or your child must at all times take care of your own personal safety, and property. If a scheduled teacher is suddenly unavailable, due to circumstances beyond our control, a replacement teacher with similar skill base and qualities will be employed.
