

MEDICAL INFORMATION



The health and wellbeing of your child is important to us.

Please complete this form as accurately as possible.

Childs Name: _____ **Age Group:** _____

Health information:

Please indicate any medical conditions your child may have.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> No medical conditions | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Anaphylaxis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Other: _____ | |

Emergency Contact Number: _____

Is there any other specific information that we may need to be aware of?

Note: Please ensure you carry any medication that your child may need during the Nippers sessions.

PHOTO RELEASE FORM

Between Bay & Basin Community Nippers Club and (enter child's name) _____

I hereby grant permission to the Bay and Basin Community Nippers Club (BBCNC) to publish or display photos of my childs image for the following purposes;

The following requirements must be adhered to; (eg head shot only) _____

- | | | |
|--|---|---|
| • Online – including on the BBCNC Facebook page and BBCNC website. | Y | N |
| • Public Displays | Y | N |
| • Promotional material | Y | N |
| • Fundraising activities | Y | N |
| • BBCNC Annual Report | Y | N |

I understand that BBCNC will not use my image in a way that is deemed deliberately offensive, defaming or incriminating.

Name: _____

Signed: _____

Date: _____