

# Child Minding



Child 1 Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Female       Male       Age: \_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Female       Male       Age: \_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Female       Male       Age: \_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child 4 Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Female       Male       Age: \_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Phone (M): \_\_\_\_\_

Email (required): \_\_\_\_\_

*All correspondence will be via email.*

Have you attached a copy of the child's / children's Immunisation Book? Yes  No

Permission for child's photos to be used for Stadium Club's promotional materials? Yes  No

### EMERGENCY ACTION

1. I have read and accept the Child Minding Facility conditions of use and Child Minding Accident Procedure.
2. I agree and accept that my child/children can in the case of an emergency be dealt with under the Child Minding Accident Procedure.
3. I give permission for the carers in charge to take appropriate action to ensure the safety and security of my child/children. This may include contacting an ambulance in the case of an emergency.
4. If I am not immediately available, noting that I will be in the Stadium Club as a condition of use of the facility, I give permission for the following person to act on my behalf when dealing with any incident. If neither of us is contactable, I agree that the carer in charge may exercise their judgement in dealing with any issue or incident.

Conditions of use are as follows visit <http://www.sydneycricketground.com.au>

Emergency Contact Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Phone (M): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Signature: \_\_\_\_\_

Member Number