



Dear Parents/Caregivers,

To enable us to care for your child while at Glenunga International H.S. or at an 'Away Session', the following information is required:

Child's Details

Child's Name: _____
D.O.B: _____
Address: _____
Suburb: _____
Postcode: _____

Parent/Guardian Details

Telephone numbers where the parent or caregiver can be reached.

Name: _____
Home: _____
Work: _____
Mobile: _____
Other: _____

Alternate Contacts

Person/s to contact if Parent/Caregiver cannot be contacted

Name: _____	Phone: _____
Relationship to Child: _____	Mobile: _____
Name: _____	Phone: _____
Relationship to Child: _____	Mobile: _____
Name: _____	Phone: _____
Relationship to Child: _____	Mobile: _____

Doctor

Family Doctor or Medical Centre

Name: _____
Address: _____
Phone: _____

Dentist

Name: _____
Address: _____
Phone: _____

Office Use Only

Date Received: _____



Medical Information

Parents, please list your child's past & present major illness, and medication required (eg: Asthma, convulsive seizures, etc.)

Condition	Medication

Allergies:

If you fail, or neglect to provide sufficient and current information, in writing, to enable the proper treatment of your child, no liability will be accepted by The Gifted and Talented Children's Association of South Australia, for any injury or illness which your child may suffer as a result

Medical Consent

Should it be necessary for our child to receive medical attention whilst at a Gifted and Talented Children's Association (GTCASA) session or excursion, I hereby give GTCASA permission to use its judgement in obtaining the necessary service, as required. We understand that any cost incurred, will be our responsibility.

Parent/Guardian Signature:	
Date:	