

**Parent / Guardian Contact Details**

**Parent/Guardian:**

Name.....

Address:..... Postcode.....

Mobile:..... Work Phone:.....

**Parent/Guardian:**

Name.....

Address:..... Postcode.....

Mobile:..... Work Phone:.....

**MEDICAL ATTENTION IN CASE OF ACCIDENT OR EMERGENCY**

1. In the case of accident or emergency, every effort will be made to contact parents prior to taking action or seeking treatment. In the event of my child receiving injuries requiring urgent medical treatment, I authorize the care providers and staff to obtain medical assistance, which they deem necessary, and agree to pay all medical and transport costs incurred on behalf of my child. I further authorize qualified practitioners to administer anaesthetic if the need arises.
2. I am aware of the arrival and pick up procedures, behaviour management policy, fee payment and booking policy for my children at Cobbler Creek Vacation Care.
3. I have seen the programme of activities and am aware of the excursions planned. I give permission for my child/ren to participate in excursions which he / she may be booked in for. I will ensure my child arrives on time for bus departures.
4. I give my child/ren permission to watch any **suitability chosen PG movies** at the centre or Movie theatre.
5. I understand once I have handed in this booking form I am obliged to pay for all days which I have requested and will only receive a refund if I can provide a valid doctor's certificate for my child only.

Parent / Guardian Signature.....Date.....