

If you need help lodging your form, contact us

Email

Phone

Part 1: Participant Details

Title	<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Ms	<input type="radio"/> Other	<input type="text"/>
Full Name	<input type="text"/>				
Living Situation (group home/ independent/ family)	<input type="text"/>				
Address	<input type="text"/>				
Name on Medicare Card	<input type="text"/>	Medicare card number	<input type="text"/>		
Date of birth (dd/mm/yyyy)	<input type="text"/>	Phone	<input type="text"/>		

Part 2: Primary Contact Person (in case of emergency – parent or group home/carer contact)

Title	<input type="text"/>				
Full Name	<input type="text"/>				
Address	<input type="text"/>				
Relationship	<input type="text"/>				
Phone (home)	<input type="text"/>	Phone (mobile)	<input type="text"/>		
Email	<input type="text"/>				

Part 3: Medical Conditions, Allergies & Fears/Triggers

Does the participant have any medical conditions we should know about? E.g., asthma, epilepsy	<input type="text"/>
Does the participant have any Allergies we should know about? If the reaction is severe, please describe below	<input type="text"/>
Does the participant have any fears or triggers we should know about? E.g., flashing lights, loud noise, crowds, darkness, balloons	<input type="text"/>

Part 4: Duty of Care & Signatures

In the interest of the safety and wellbeing of all people attending, any incident that negatively impacts others may result in the person being asked to exit the event. If contacted and requested to attend the centre to pick up the participant, parents/guardians/carers MUST do so immediately.

Parent or Guardian	<input type="radio"/>	Other	<input type="radio"/>	<input type="text"/>	Signature <input type="text"/>
Name	<input type="text"/>				
Relationship	<input type="text"/>				
Date	<input type="text"/>				