

Attending dependent information

1. Child's name _____ Surname: _____

Medicare no# (*only required if different than attending parent/guardian) IRN (required)

Date of Birth: ___/___/___ COVID Vaccination status: Fully vaccinated Unvaccinated

2. Child's name _____ Surname: _____

Medicare no# (*only required if different than attending parent/guardian) IRN (required)

Date of Birth: ___/___/___ COVID Vaccination status: Fully vaccinated Unvaccinated

3. Child's name _____ Surname: _____

Medicare no# (*only required if different than attending parent/guardian) IRN (required)

Date of Birth: ___/___/___ COVID Vaccination status: Fully vaccinated Unvaccinated

4. Child's name _____ Surname: _____

Medicare no# (*only required if different than attending parent/guardian) IRN (required)

Date of Birth: ___/___/___ COVID Vaccination status: Fully vaccinated Unvaccinated

5. Child's name _____ Surname: _____

Medicare no# (*only required if different than attending parent/guardian) IRN (required)

Date of Birth: ___/___/___ COVID Vaccination status: Fully vaccinated Unvaccinated

**If you require additional space for more children please let us know*

Emergency contact name: _____

Relationship to attendee: _____

Phone: _____ Work phone: _____

Permission Agreement

*I give all persons named above including children permission to attend the activities organized and arranged by Somali Community Inc. **Yes** **No** (Please tick)

* In the case of an emergency, I authorize medical treatment to be given to persons named above including children. If it is not possible to talk to me, I agree that the worker in charge will make every effort to contact the emergency contact person(s) listed above. However, if they cannot be reached, I give permission to the worker in charge to take all persons named including children to the doctor or hospital to get medical help if it is needed. The doctor may give whatever medical or surgical treatment he or she believes is necessary. **Yes** **No** (Please tick)

* I give Somali Community Inc. permission to use photographs taken during the course of organizes activities for the purposes of promotional materials, media reports and other publications. **Yes** **No** (Please tick)

Privacy statement: The personal information on this form is being collected for the purposes of being provided to a doctor, paramedic or other health care professional in the event of an emergency. This information may be shared with the My Study Companion Homework Club partner organisations and funding bodies.

I have read and agree with the conditions outlined in this document:

NAME: _____

SIGNATURE: _____

DATE: ____ / ____ / ____