



# PARENTS INFORMATION SHEET



## Disclaimer

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Mob \_\_\_\_\_

If other than yourself

NAME OF PERSON LEAVING OR COLLECTING THE CHILD

\_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICATION BEING TAKEN \_\_\_\_\_

TOILET TRAINED YES  NO

### **IN CASE OF AN EMERGENCY**

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Mob \_\_\_\_\_

KALAMUNDA COMMUNITY LEARNING CENTRE (INC.) has advised me that there are children who attend the Kalamunda Community Learning Centre who may not be immunised. By my signature hereunder I acknowledge that I accept full responsibility for any illness or infection my child or children whose name (s) appears hereunder may contract by attending the Kalamunda Community Learning Centre which might be the direct result of no immunisation.

I further confirm that I will indemnify the Kalamunda Community Learning Centre (Inc) in the event of any claims made against it for the attendance of my child or children at the Kalamunda Community Learning Centre.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20

Name of Child/Children \_\_\_\_\_

Name of Parent \_\_\_\_\_

Address of Parent \_\_\_\_\_

Signature \_\_\_\_\_