

Medical Information

If your child has medical requirements please complete a supplementary medical information form.

- My child has medical requirements.
- I have completed the medical information form.

Permission & consent

- I have read and agree to the terms & conditions.
- I give permission for a first aid trained staff member to administer first aid and seek emergency treatment if necessary.
- I give consent for my child to participate in the H₂O Holiday Programme activities.
- I give permission for my child to be included in photography while participating in the holiday programme.
- I give Upper Hutt City Council permission to use images of my child & I understand that images may be used in publications and promotional material.
- I give permission for my child to leave the programme unsupervised and make their own way home at _____pm.

Signed:

Date: ___/___/___

Payment

Total amount: \$

Payment: WINZ Invoice Credit or EFTPOS Cash

To pay by invoice email h2oholidays@uhcc.govt.nz before **12.04.21**

Office Use Only

Booking Payment WINZ to pay Invoice

Amount: \$ Staff: Date: ___/___/___

Details checked Staff: Date: ___/___/___

Booking Information

Child's Name:

DOB ___/___/___ Age during programme: _____

F/M/O

Programme: Surf's Up (5-8) Hang Ten (9-13)

	19/4	20/4	21/4	22/4	23/4	27/4	28/4	29/4	30/4
DAY									
AM									
PM									

Parent/caregiver:

Relationship to child:

Email:

Work Phone:

Mobile Phone:

Emergency contact (alt to above contact)

Name:

Relationship to child:

Work Phone:

Mobile Phone:

Pick up authorisation (additional people authorised):

Name(s):