



**Mount  
Carmel  
College**

Courage.  
Compassion.  
Justice.

**Holiday Care Enrolment Form  
Monday 28 September – Monday 12 October 2020**

**Child's Name:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Phone Work:** \_\_\_\_\_

**Phone Home:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Phone Work:** \_\_\_\_\_

**Phone Home:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Emergency Contact Number (while child is in care) Name:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

1. I/We have read the attached holiday program and are aware of planned excursions on any day. I authorise my child/children to attend any excursions planned during the Holiday Care period and that excursion program details may change due to insufficient bookings or poor weather, (Please note there will be no excursions during this time.)
2. I/We understand the ratio for child care on excursions is 1 carer to every 10 children;
3. I/We consent for my child to travel on or in any form of public or private transport where such transport is deemed by the College to be necessary or desirable for the safe conduct of the excursion;
4. I/We consent for my child to participate in all activities and functions arranged as part of this excursion;
5. I/We consent for the College, by its servants or agents:
  - To seek such medical or dental advice on behalf of my child as seen fit in the event of accident or illness, and;



- If, in the opinion of an attending medical or dental practitioner or medical officer ('health practitioner') my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that health practitioner giving such attention or treatment; provided that reasonable efforts are made to inform me of any serious injury or illness;
- 6. I/We certify that the consent which I have given in paragraph 4 is valid at all times while my child is in the custody of the College while attending or participating in the Vacation Care excursion;
- 7. I/We certify that I understand that the College will take reasonable care in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be directly responsible for any act or omission of any health practitioner attending or treating my child;
- 8. I/We agree that the College is not liable if any of my child's possessions or property is damaged, lost or stolen during this excursion;
- 9. I/We certify that in the event of my child being injured in any way in the course of this excursion, I will not in any way hold the College, or its agents, responsible unless such injury is caused by the wilful neglect or actionable negligence on the part of the College or its agents.
- 10. I/We certify that I have read the information supplied to me. My child agrees to abide by the conditions indicated.
- 11. I/We certify that if my child should exhibit behaviour that seriously endangers themselves or others or seriously interferes with others' enjoyment of the excursion, I will bear the full cost of return transport home/back to the College for my child and any adult supervisor that may be required to ensure the safety of my child during that transport as well as cancellation charges or similar incurred.
- 12. I/We agree for my child to undertake all activities and use all equipment and materials detailed, being aware of the hazards and risks that may be involved including but not limited to slips, trips, stumbles, falls, cuts, abrasions, lacerations, sprains, strains, fractures, burns, traffic and vehicular accidents, insect, animal and snake bites and drowning; and
- 13. I/We certify that it is my responsibility to provide updated medical information in writing to the College Office and/or the Child Care Supervisor in addition to any information provided below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Carer

**Medical Information**

Please provide details of any new or updated medical or health information for your child (i.e. information in addition/different to what is already held on College enrolled student records) and also provide this information in writing to the College Office.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_



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Please tick dates where you require Holiday Care

Monday 28 September <input type="checkbox"/>	Tuesday 29 September <input type="checkbox"/>	Wednesday 30 September <input type="checkbox"/>	Thursday 1 October <input type="checkbox"/>	Friday 2 October <input type="checkbox"/>
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Monday 5 October <input type="checkbox"/>	Tuesday 6 October <input type="checkbox"/>	Wednesday 7 October <input type="checkbox"/>	Thursday 8 October <input type="checkbox"/>	Friday 9 October <input type="checkbox"/>
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Monday 12 October <input type="checkbox"/>
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Please return this booking form to the College Office by Wednesday 16 September to ensure the College can staff correctly.