YOUNG MASTERS ART CLASSES

ENROLMENT FORM

Dear Parent/Guardian

Please complete the permission form (below) and the attached medical form. These can be handed to your art tutor at the first art session.

Checklist:

☐	Enrolment form has been signed

☐	Medical form has been completed

☐	Payment has been made

Thank you.

Sherree Tomlinson
Gifted and Talented Visual Art Co-ordinator

Student's Details:

Child's Name: .... Age: ....

Current School: .... Year: ....

Address: ....

....

Parent/Guardian's Details:

I give permission for my child to attend the six-week Young Masters art classes at Balcatta Senior High School.

Parent's Name: ....

Mobile Number: ....

Email: ....

CONFIDENTIAL

Medical Consent Form for Young Masters

Student's Name:.. Date of Birth: ....

Parent/Guardian's Full Name: ....

Address:...

Email: ....Postcode:.................

Current School ....Year: ....

Emergency Telephone: Mobile .... Home/Work:.....................

Name of Family Doctor:... Phone: ....

Medicare Number:...Private Insurance: ☐ Yes ☐ No

Please tick of your child suffers from any of the following:

☐ Asthma   ☐ Black outs   ☐ Fits of any type
☐ Migraine   ☐ Dizzy spells   ☐ Heart condition
☐ Travel Sickness   ☐ Other (please provide adequate details) ....
....

Allergies to: ☐ Penicillin   ☐ Other drugs

☐ Any food (please list) ....
☐ Other allergies:..

What special care is recommended?...
....

Tetanus immunisation:

Last immunisation was on ....

☐ Booster date due .... (if over 10 years since last immunisation, please tick if booster is to be arranged by parent/guardian before excursions)

Tablets and medicines:

Is your child presently taking tablets and/or medicine?   ☐ Yes ☐ No

If YES, please state the name of the medicine and dosage.......................................

Arrangements for safe-keeping and handling of medications are to be made prior to excursions.

Consent for medical attention:

Where it is not practical to communicate with me, I authorise the teacher-in-charge of the excursion to consent for my child to receive such medical treatment as may be considered necessary. I am aware the Department of Education's insurance cover does not cover personal accidents through misadventure or loss or damage of personal belongings.

Parent/Guardian's Name: ....

Parent/Guardian's Signature: ....Date:...................