

## Conference Kids Additional Information Form

This information is collected for the purpose of assisting our team to best support your child. Please note all medical, dietary, behavioural and other special needs that we should be aware of in order to care for your child. In the case of a medical emergency on site, parents/guardians will be contacted immediately for assistance with treatment. Should an emergency arise during off site activities, medical assistance will be sought and parents will be contacted as soon as possible.

Child's Name:	
Date of Birth:	
Please list all medical, dietary, behavioural and/or other needs you'd like us to be aware of:	
Parent/Guardian Contact:	Name:  Relationship to Child:  Address:  Mobile Phone:  Work Phone:  Home Phone:
Other Contact: (if child is in the care of another adult during Conference, please list that person)	Name:  Relationship to Child:  Address:  Mobile Phone:  Work Phone:  Home Phone:
Medical practitioner/Doctor contact details:	Name:  Address:

# H O R I Z O N

C H U R C H

	Phone:
Emergency Care Issues:	

Is there an emergency care plan attached?     Yes     No

Medication

*Please note: Any **regular medication** your child requires must be administered by the parent/guardian during Conference.*

*Please provide detail below of **any emergency medication your child carries** and may require our team to administer in the case of an emergency (eg: anaphylaxis requiring immediate administration of an EpiPen).*

Name of prescribed Medication: .....

Prescribed Dosage: .....      Frequency: .....

Special storage requirements (eg kept in refrigerator) .....

Special Instructions for administering the prescribed medication (eg must be taken with food/water):  
.....

Are there any side effects? .....

Name of prescribed Medication: .....

Prescribed Dosage: .....      Frequency: .....

Special storage requirements (eg kept in refrigerator) .....

Special Instructions for administering the prescribed medication (eg must be taken with food/water):  
.....

Are there any side effects? .....

.....

*Please include another page for any additional medication*

Additional Information

<p>Details of your child’s condition or needs:</p>	
<p>What does an emergency situation look like?</p>	
<p>What action should be taken during an emergency situation?</p>	
<p>What are some symptoms that your child requires immediate assistance? (eg coughing, wheezing, non-responsive to verbal/visual cues?)</p>	
<p>What are some triggers that can ‘bring on’ an emergency situation? (eg strobe lighting, ingestion of food allergens)</p>	
<p>Is medical transportation to a hospital required after an emergency situation?</p>	
<p>Is there any other information we should be aware of?</p>	

The information provided above is helpful in assisting our team to support your child during their Conference experience. If you do not provide any or all of this information your child’s health needs may be compromised.

# H O R I Z O N

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Provision of this information is voluntary and will be disclosed to relevant team members/volunteers. This information will be stored securely in accordance with our Privacy Policy.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_