STRONG NATION
CHURCH

FOREVER FREE 2022 REGISTRATION

ATTENDEE DETAILS

Full Name		Gender	☐Male ☐Female
Email		DOB	____/____/_____
Address		Suburb	

PARENT/GUARDIAN DETAILS

Full Name		Relation to attendee	
Phone		Email	

HEALTH & EMERGENCY

Conditions/Allergies		Fears/Phobias	
Are you bringing medication to camp?	☐No ☐Yes (*please complete medication form*)		
I give permission for the registered First Aider to administer and track dosage of these medications as necessary:	☐Paracetamol (Panadol). ☐Ibuprofen (Nurofen). ☐Antihistamine (Telfast/Zyrtec/Claritin). ☐No, do not give my child anything without contacting me first.		

- If your child requires medical attention outside of basic first aid (cuts, burns, bites, and scrapes), you will be contacted as immediately as possible.
- If your child requires hospitalisation or an ambulance is required, assistance will first be given to your child, and then you will be called as immediately as possible.

If you cannot be contacted, your appointed additional emergency contact will be reached and permitted to act on your behalf.

Additional Emergency Contact Name		Relation to attendee	
Additional Emergency Contact Number			

PAYMENT & PERMISSION

Total Amount Due	$100 –	Total Paid	$
Paid by	☐Cash ☐ Card ☐ Deposit ("FF2021 Name")		___/___/_____ Date Paid
I agree to the terms and conditions, and to sending my child (if under 18 years) to Forever Free 2022	_____ Parent/Guardian (if under 18) or Attendee (if over 18)		___/___/_____ Date Signed

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MEDICATION MANAGEMENT FORM

(to be completed by parent/guardian)

Attendee Full Name			
Gender	☐Male ☐Female	DOB	____/____/_____

MEDICATION DETAILS

Medical Condition			
Is your child's condition triggered by any particular factors? Please list.		What symptoms does your child experience during an attack?	
Does your child have a management plan?	☐No ☐Yes (please provide a copy)		
Name of Treating Doctor		Doctors Phone	

Regular/Prescribed Course of Medication		
Name of Medication	Dosage	Frequency/Times
1.		
2.		
3.		
Medication for treatment of an attack/episode		
1.		
2.		
3.		

PARENT/GUARDIAN DETAILS

Full Name		Relation to attendee	
Phone		Date	_____/_____/_____
Signature			