## **KidSMART Program Registration**

Student Name	DUB
School	Grade
Parent Name	
Address	
Contact Phone No	Mobile
Emergency Contact	1 2
Phone Numbers	1 2
Does your child have any food allergies? If so please provide the details.	
Does your child have a medical condition we should know about? If so, please outline the required management.	
In the event of a medical emergency, do you give permission for the facilitators to seek medical assistance? Yes / No	
Doctors Name Phone Number	
Do you give permission for your child to be photographed participating in the program? Yes / No	
Do you give permission for your child's school to be informed about their involvement in the program? Yes / No	
Are you attending the Parent Information session? Yes / No	
Parent Name Date Date	