Medical Information and Photo Release Form

Medical Information

The health and wellbeing of your child is important to us. Please complete this form as accurately as possible.

Child's Name: _____ Age Group: _____

Health Information:

Please indicate any medical conditions your child may have:

- ☐ Asthma
- ☐ Allergies
- ☐ Anaphylaxis
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Other: _____

☐ My child has disabilities or additional support needs we should be aware of:

_____

☐ I consent to first aid being administered to my child if required.

Is there any other information (e.g., behavioural, safety, or language needs) that we should be aware of?

_____

Photo Release Form

I hereby grant permission to the Bay and Basin Community Nippers Club (BBCNC) to publish or display photos of my child's image for the following purposes:

- ☐ Online – BBCNC Facebook page
- ☐ BBCNC website
- ☐ Public Displays
- ☐ Promotional Material
- ☐ Fundraising Activities
- ☐ BBCNC Annual Report

I understand that I may withdraw consent at any time by contacting the club in writing.

Name: _____ Signed: _____ Date: _____