



## YOUNG RANGER INDEMNITY / MEDICAL FORM

(Please complete both sides of form and return as soon as possible to  
Moonlit Sanctuary Wildlife Park)

Personal Details
<p><b>Child's Name</b> (Block Letters) .....</p> <p><b>Address:</b> .....</p> <p>..... <b>Post Code:</b>.....</p> <p><b>Age:</b>..... <b>Medicare No.:</b>..... <b>Date of Birth:</b>.....</p>
Parent/Guardian Particulars (One Only)
<p><b>Name:</b> (Block Letters).....</p> <p><b>Address:</b> .....</p> <p>..... <b>Post Code:</b> .....</p> <p><b>Telephone Number:</b> <b>B/H</b>..... <b>A/H</b> .....</p> <p><b>E-mail address:</b> .....</p> <p><i>Please include email address if you wish to be informed of future programs.</i></p>
Parent/Guardian Support
<p>I, ....., offer my full support as Parent/Guardian for ..... to participate in the Moonlit Sanctuary Holiday Program. I also give permission for emergency medical treatment to be provided, including medication and transfusion in the event of there being an immediate need for treatment, and in the event that I cannot be contacted beforehand.</p> <p>.....</p> <p><b>Signature</b> <span style="float: right;"><b>Date</b></span></p>
Emergency Contact Details
<p><b>Name of Contact:</b> .....</p> <p><b>Telephone Number:</b> <b>B/H</b> ..... <b>A/H</b>.....</p>

**PLEASE CIRCLE IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:**

Migraine  
Dizzy spells  
Other:

Fits of any type  
Blackouts

Heart condition  
Asthma

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Details of illnesses or contact with Infectious diseases that we should know about

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.....

**ALLERGIES TO:**

Medicine:

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Any Foods:

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Others:

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What special care is recommended? .....

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Last tetanus immunisation was: .....

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**Received by Moonlit Sanctuary Education Officer: .....**

**Date:**.....

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