



TAX INVOICE

A.B. PATERSON COLLEGE, GOLD COAST STEM CHALLENGE 23 & 24 NOVEMBER 2017

STUDENT REGISTRATION FORM

- **Please understand that places are limited.** If you are unsuccessful, then your money will be refunded to you.
- **All parts of the application form and medical form** are to be completed before your application will be accepted.
- It is important that you provide an up-to-date and clearly written email address. Once we have your nominations, any other information will be sent to you via email.
- Individual registrations must be sent to: A.B. Paterson College, STEM CHALLENGE, ATTENTION: ROSA REVERTE, PO BOX 460, Helensvale, QLD, 4212 **OR** by email to rreverte@abpat.qld.edu.au by **Friday 1 September 2017.**
- Individual student payments can be made by credit card over the phone **(07) 55947947** stating STEM, Student name and School name.
- School groups can request an invoice when returning registration forms

STUDENT NAME:			
PARENT NAME:			
RESIDENTIAL ADDRESS:			
POSTAL ADDRESS:			
EMAIL ADDRESS: (PLEASE PRINT CLEARLY)			
CONTACT PHONE NO.			
SCHOOL:			
SCHOOL PHONE NO. :		SCHOOL FAX NO. :	
CONTACT NAME:		EMAIL ADDRESS:	
STUDENT YEAR GROUP:			
DIETARY REQUIREMENTS (including vegetarian, halal and gluten free)	If none, please write none.		

REGISTRATION FEE – TOTAL AMOUNT PAYABLE (Inc. GST)

\$50.00

Please complete the following and sign.

- I understand my son/daughter will be required to wear their school sports uniform for the duration of the event.
- I give permission for my child to be photographed and videoed for the purposes of advertising the event via a range of media platforms, and research.
- I understand that any inappropriate behaviour will result in my son/daughter being sent home immediately at my expense.
- I have **notified my child's school** that my son/daughter will be attending this event.

Parent's/Guardian's Signature: _____

Please complete the Student Medical Record Form – attached

PO BOX 460, Helensvale, QLD, 4212
PH – 07 5594 7947 FAX – 07 5594 7650
ABN: 38 010 996 997

A.B. Paterson College

10 A.B. Paterson Drive
ARUNDEL 4214

Telephone: [07] 5594 7947
Facsimile: [07] 5594 7650



SPECIAL EVENT STUDENT MEDICAL PROFILE

To be completed by parent / guardian of all students participating in special events held by A.B. Paterson College

Special Event: A.B. Paterson College STEM Challenge 2017

Student's School:

Student Surname:

Given Name[s]:

Home Address:

Suburb:

Postcode:

Date of Birth:

Male / Female

Year Level :

Preferred Contact

Numbers:

Name

Number

Relationship

Contact 1

Contact 2

Doctor's Name:

Phone:

Family Medicare No.:

No. next to student's name:

Expiry Date:

HAS YOUR CHILD EVER SUFFERED FROM ANY OF THE FOLLOWING :

Condition	Yes/No	Specific Details / Treatment
Allergies		
Anaphylaxis (Student to provide own EpiPen)		
Asthma (Student to provide own medication)		
Heart Condition		
Diabetes		
Drug Reactions		
Epilepsy		
Phobias / Fears		
Other		PTO

Serious Illness/Accidents and Operations (details – please)

PERMISSION TO ADMINISTER PARACETAMOL

Does your child have a history of Liver disease?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Has your child ever taken Paracetamol?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Was there an allergic reaction to Paracetamol?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Permission to administer Paracetamol? (at the appropriate dose for age)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

IN CASE OF ILLNESS OR ACCIDENT: If the school is unable to contact parent/guardian or emergency contacts to collect the student for treatment, the school will take the child to the nearest available doctor, the cost of which will be the responsibility of the parent. **In an emergency,** an ambulance may be called and the child will be taken to an accident and emergency department.

Please circle your preferred hospital choice:

Gold Coast University Hospital

Gold Coast Private

Pindara Private

By signing this form, you consent to A.B. Paterson College collecting and using your personal information for administrative purposes relating to the above named student's participation in an event being held at A.B. Paterson College/Griffith University. The College will not disclose your personal information to any third parties without your prior consent, unless it is required or authorised to do so by law. If you have any questions as to how the College uses your personal information, please contact the College in writing at A.B. Paterson College, PO Box 460, Helensvale, QLD 4212.

I DECLARE THAT THE INFORMATION GIVEN ABOVE IS COMPLETE AND ACCURATE

Signed

Date

(Parent/Guardian)
