



Engagement and Consent Schedule

(to be completed by each client, parent or guardian)

Client / Parent / Guardian	Full Name:	Mobile:
	Address:	Email: Phone:
Child (if applicable)	Full Name:	Date of Birth:
Service and Payment (tick applicable service)	Service Options	
	Wellbeing Group Classes - KalmKids <input type="checkbox"/>	Art Therapy <input type="checkbox"/>
	Wellbeing Private Classes - KalmKids <input type="checkbox"/>	
Payment, Frequency and Method	One off Payment: <input type="checkbox"/> Cash <input type="checkbox"/> OR Direct Debit <input type="checkbox"/> Important Note: <ul style="list-style-type: none"> direct debits are subject to the third party's direct debit terms and conditions. 	
Account Details	Account Name: KalmKids Pty Ltd BSB: 084 004 Acc: 85 713 3558	
Provision of Services	In consideration for the Payment, KalmKids will provide the Service to the Client in accordance with the terms of this Agreement, which comprises: <ol style="list-style-type: none"> this Engagement and Consent Schedule; the General Terms; the Direct Debit Agreement; and any other practice or service direction reasonably provided by KalmKids to the Client. 	

See next page for Child details

Child	Medical Information	
(if applicable, please complete)	Family Doctor Full Name: Phone:	
	Medicare Number:	Ambulance Cover: [Yes/No]
	Immunised: [Yes/No]	
	Allergies: [Yes/No] If yes, please provide details below:	
	Special Needs: [Yes/No] If yes, please provide details below:	
General Consent	Have insect repellent applied if necessary [Yes/ No/ NA]	Have band aid or sticking plasters applied when necessary [Yes/ No/ NA]
	Have sunscreen applied prior to sun exposure [Yes/ No/ NA]	
Photography / Media	Photos / video footage to be taken of the child for staff training purposes [Yes/ No]	Photos / video footage to be taken of the child to be shared with other parents [Yes/ No]
	Photos / video footage to be taken of the child and to be shared on Kalm Kids social media platforms and Kalm Kids website [Yes/ No]	Photos / video footage to be taken of the child for Parent / Guardian use [Yes/ No]



Parent / Guardian Acknowledgement

I, as parent or guardian of the Child acknowledge and agree as follows:

1. I agree to my child's participation in the Kalm Kids Program;
2. I understand that Kalm Kids will take reasonable care to ensure the Kalm Kids Program is fun and safe however I understand that my child may participate in some physical activity which may occasion a small risk of injury;
3. That in the case of accident, injury or emergency, Kalm Kids will attempt to contact me and where I cannot be contacted, medical care or ambulance services may be sought, and I agree to meet any costs incurred in this regard;
4. Kalm Kids may exclude any child from the Kalm Kids Program in the event of that child contracting a contagious disease or condition;
5. My child is not presently receiving any treatment for illness, disorder or injury which would render it unsafe for my child to participate in the Kalm Kids Program;
6. I will provide to, and keep up to date, Kalm Kids in relation to my child's health / medical information;
7. It is my responsibility to ensure medical / health cover is in place (if so required);
8. Any personal information will only be used by Kalm Kids in accordance with the Kalm Kids Privacy Policy; and
9. Other than the parent or guardian, only an authorised nominee can collect my child from the Kalm Kids premises.

I acknowledge that I have read and understood the General Terms and accept the terms of this Agreement:

**Signed by the Client / Parent /
Guardian**

Witness

Client / Parent / Guardian Signature

Witness Name (please print)

Client / Parent / Guardian Full Name