



# Uni Camp for Kids Social Worker REFERRAL FORM

\*\*\*Please fully complete this form to refer any new child you would like us to add to our database and include on our tri-annual picnics\*\*\*

CHILD'S NAME (or children if from the same family):

DATE OF BIRTH:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

POSTAL/ HOME ADDRESS (including postcode):

HOME PHONE NUMBER:

MOBILE:

IN CASE OF EMERGENCY:

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

MEDICAL INFORMATION (Please specify which child/ren and feel free to attach extra info):

\* Does the child/ren have any **ILLNESSES/ ALLERGIES** or other special needs?

\_\_\_\_\_

\_\_\_\_\_

\*Does the child/ren take any **MEDICATION**? If so, **WHAT** and **WHEN**?

\_\_\_\_\_

\_\_\_\_\_

BACKGROUND INFORMATION ABOUT THE CHILD (Please be as detailed as possible remembering that only the Secretary has access to this information and confidentiality is complete):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\* If you have any queries please call us at our office on 6488 8763 or fax on 6488 2648\*\*\*

REFEREES INFORMATION (Name, position, company, postal address, contact details)

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