



PO BOX 1218
GOULBURN NSW 2580

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SUPPORTING OUR LOCAL KIDS WITH CANCER / SEVERE DISABILITIES

APPLICATION / RELEASE FORM

FAMILY DETAILS

DATE: _____

SURNAME: _____

MOTHER: _____

FATHER: _____

CHILD: _____

CHILD'S DATE OF BIRTH: _____

ADDRESS: _____

POSTCODE: _____

PHONE NO/s: Home: _____

Work: _____

Mobile: _____

Fax: _____

EMAIL: _____ VEHICLE REG'N NO. _____

MEDICAL INFORMATION

(All information supplied is treated as confidential and will not be disclosed without your written permission)

DOCTOR: _____

PHONE: _____

SPECIALIST: _____

PHONE: _____

HOSPITAL: _____

PHONE: _____

I/WE HAVE PRIVATE MEDICAL INSURANCE COVER Yes No

I/We hereby give permission for Convoy For Kids Goulburn Inc. to: _____ (delete if not to apply)

CONTACT OUR DOCTOR

CONTACT OUR SPECIALIST

USE OUR CHILD'S NAME IN MEDIA AND PROMOTIONAL INFORMATION

USE OUR CHILD'S PHOTOGRAPH IN MEDIA AND PROMOTIONAL INFORMATION

SIGNATURE/S: _____