

St Paul's Parish – Mt Lawley Youth Group

Child Information and Participation Permission Form

YOUR FAMILY DETAILS

Child's details

Child's full name	
Date of birth	
Age	
Gender	
School attending	

Parent/Guardian details

Parent/guardian's name	
Relationship to child	
Address	
Email address	
Telephone (work)	
Telephone (mobile)	

PART A: EMERGENCY CONTACTS

Child's full name	
-------------------	--

Please provide details for at least one person we can contact if we are not able to reach you in an emergency.

Emergency contact 1 (If we cannot contact parent / guardian)

Name	
Relationship to child	
Address	
Telephone (home)	
Telephone (work)	
Telephone (mobile)	
Do you give permission for this person to collect your child?	

Emergency contact 2 (If we cannot contact parent / guardian)

Name	
Relationship to child	
Address	
Telephone (home)	
Telephone (work)	
Telephone (mobile)	
Do you give permission for this person to collect your child?	

PART B: MEDICAL CONDITIONS

Child's full name	
Child's Medicare Number	
Do you have Private Health Insurance?	
If yes, name of fund and policy number	
Is the child covered by an ambulance subscription?	
Family doctor's name	
Family doctor's address	
Family doctor's telephone number	

Does your child have any medical conditions, which may require special attention? If so please provide details.

--

Is your child currently taking any medication? If so please provide details including name of medication, dosage, when and how it is to be taken.

--

PART B: MEDICAL CONDITIONS - *Continued*

Child's full name	
--------------------------	--

Does your child have any allergies? If so please provide details.

Does your child have any special dietary needs? If so please provide details.

Is there any other information we should know about your child's needs?

If your child has an Anaphylaxis plan or an Asthma plan please provide us with a copy before attending Youth Group. Your child will need to bring any required medication with them.

Signature of Parent/Guardian

Print name

Date

PART C: CONSENT FOR PHOTOGRAPH / VIDEO IMAGES

Child's full name	
--------------------------	--

I ***give consent***

I ***do not give consent***

to photographs or video images of my child being used without acknowledgement, remuneration or compensation, in publications (print, websites, social media platforms, DVDs, etc.) for the purposes of promoting St Paul's Parish, Mt Lawley and St Paul's Parish, Mt Lawley Youth Group.

Signature of Parent/Guardian

Print name

Date

PART D: PARENT / GUARDIAN CONSENT

Child's full name	
--------------------------	--

Participation:

I consent to my child attending and participating in all Youth Group activities carried out at St Paul's Parish church, undercroft and St Paul's primary school. I agree to provide transport for my child to and from the Parish and that I will be contacted by the leaders if my child is required to be picked up from the youth group early due to illness, injury or behavioural issues.

Medical Treatment consent:

I give permission for St Paul's Parish, Mt Lawley authorised staff and volunteers to obtain emergency medical, hospital or ambulance assistance and/or treatment for my child at any time they consider necessary. I acknowledge that I will be liable for any medical, hospital or ambulance expense incurred in my child's treatment and I agree to pay those expenses.

Indemnity:

I understand that while every reasonable precaution will be undertaken to ensure my child's protection, I hereby release St Paul's Parish, Mt Lawley authorised staff & volunteers from any and all liability in the event of any injury, accident, misfortune, damage or loss that may occur to my child and/or my child's property while present at the youth group. Further, I indemnify St Paul's Parish, Mt Lawley authorised staff and volunteers from and against all loss, including legal expenses, connected with or arising from any claims or demands in relation to my child's attendance at the youth group.

Involvement Consent:

I agree and understand that St Paul's Parish, Mt Lawley, reserves the right to exercise discretion to refuse to register any person upon medical and/ or other grounds without providing a detailed reason for doing so.

Privacy Declaration:

I understand that St Paul's Parish, Mt Lawley has collected information about my child in order to provide assistance in case of illness or accident. This information is completed with the utmost accuracy and will be held in confidence by St Paul's Parish, Mt Lawley. I understand that they will not pass the information on to any other organisation without my written permission.

Signature of Parent/Guardian	Print name	Date
------------------------------	------------	------