

GENERAL PERMISSION FORM

Parish:		Ministry:	
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CHILD'S DETAILS

Name:		Date of Birth:		Gender:	M F
Address:					
Suburb:		Post Code:			
How would you like us to communicate events with you and your child?				Parent only Parent and Child	
Child's Email: <small>(optional)</small>		Child's Phone: <small>(optional)</small>			
School:		School Year:			

PARENT DETAILS

Parent Name:		Parent Phone:	
Parent Name:		Parent Phone:	
Address: <small>(if different from above)</small>			
Suburb:		Post Code:	

HEALTH INFORMATION

Doctor:		Doctor Contact:	
Medicare No:		Card Reference no:	
Private Insurer:		Membership no.	
Can your child swim?	No Reasonably Strong	Date of last tetanus:	
Allergies/ Medication/ special diet/ activity restrictions/ behavioural issues:			Yes No
Additional details:			

RESTRICTIONS

Is there anyone who is legally restricted from seeing your child?	Yes No
Name/ Details:	
Photos/videos of my child may be displayed and used to promote the group	Yes No

ADDITIONAL NOTES

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PERMISSION

My signature below indicates:	
<ul style="list-style-type: none"> ✓ My willingness to permit my child to participate fully in the children's/ youth ministry of the above parish. ✓ That I give my permission, in the case of a medical emergency, to the doctor chosen (either by the church authorities or other persons supervising or administering the activities), to secure proper treatment for and/or order hospitalisation, injection, anaesthetic or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures. 	
Signature:	Date:

The leadership team of the aforementioned group will treat the information contained confidentially. This information may be shared with a third party when it concerns medical health or care of the individuals listed. If you wish to access this information or have any queries in relation to the manner in which we handle your personal information, please do not hesitate to contact us.