Comprehensive Permission Form

To be completed for all children under 18 years

Effective from XX to XX 20XX in relation to the activities indicated in the personal details section overleaf.

Parent / Caregiver 1

|  |  |
| --- | --- |
| Name:  | Home Phone: |
| Email:  | Mobile:  |
| Home Address: |

Parent / Caregiver 2 (only include detail that differs from above)

|  |  |
| --- | --- |
| Name:  | Home Phone: |
| Email:  | Mobile:  |
| Home Address: |

Emergency Contact (alternative to parent/caregiver)

|  |  |
| --- | --- |
| Name:  | Home Phone: |
| Relationship to child/ren:  | Mobile:  |

Privacy Declaration

[Parish name] is exempt from the requirements of the *Privacy Act 1988 (Cth)* as it is a “small business”. However, we seek to deal carefully with the personal information we collect and to do so in a manner consistent with your reasonable expectations. [*If parish has a privacy policy*: More information is set out in our privacy policy on our website.]

 The personal information in this form will be made available to –

(a) the XX leaders involved in the running of the activities in which my child participates, and

(b) medical and emergency services if considered necessary.

Please tick if you agree:

[ ] I give permission for photos/videos of my child taken at XX events to be displayed publicly (online and in print) unless I advise the XX leaders otherwise.

[ ] I give permission for any online video meetings run by XX to be recorded for internal compliance purposes.

Authorisations & Expectations

* I give permission for my child to attend all scheduled XX activities, unless I advise the XX leaders otherwise.
* I give permission for my child to travel in a car driven by an approved XX leader or a parent approved by a XX leader unless I advise the XX leaders otherwise. (Your child will not be in a car driven by a learner or provisional licence holder).
* I authorise the XX leaders, in the event of an emergency, to obtain at my expense any medical, ambulance, rescue or other services that are considered necessary for my child.
* I acknowledge that being part of a community involves mutual care and consideration, and therefore agree that unacceptable behaviour may result in my child being sent home and being temporarily or permanently prohibited from attending the activities of XX.
* I will provide the XX leaders with any information relevant to the wellbeing of my child prior to him or her attending a XX activity. This might include supporting documentation (eg: AVO, Family Court Order) if there is anyone who is legally restricted from seeing your child.
* I confirm that the information given in this form is true and correct, and will advise XX of any changes to this information.

Signature of Parent / Caregiver

|  |
| --- |
| Print full name: |
| Sign:  | Date:  |

If you have any questions about this permission form, please contact the office at XX on XX.

Child 1 – Personal Details

Attending (tick): Sunday School ☐ Kids Club ☐ Youth Group ☐

|  |  |  |
| --- | --- | --- |
| Name:  | M / F : | DOB: |
| School: | Grade: |
| Email:  | Mobile:  |

We will keep these details on file so that we do not have to ask for them prior to each event, unless you request otherwise. Please advise XX as soon as practical of any changes to this information.

Authorisations

Do you authorise your child to make their own way to and from XX events? Yes ☐ No ☐

Medical and care needs

Does your child have any medical conditions that we should know about? No ☐

Prescription medication ☐ Chronic illness ☐ Medical allergies ☐ Other ☐

Do you give permission for your child to take paracetamol if required? Yes ☐ No ☐

Does your child have any care needs that we should know about? Yes ☐ No ☐

Behavioural concerns ☐ Psychiatric care ☐ Other ☐

Is there anyone who is legally restricted from seeing your child? Yes ☐ No ☐

If yes, please attach copies of any supporting documentation (eg: AVO or Family Court Order)

Dietary Issues

Does your child have any special dietary need that we should know about? Yes ☐ No ☐

Food allergies e.g. nuts ☐ Other ☐

Is your child capable of swimming more than 30m unassisted? Yes ☐ No ☐

Please provide further details as required:

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Child 2 – Personal Details

Attending (tick): Sunday School ☐ Kids Club ☐ Youth Group ☐

|  |  |  |
| --- | --- | --- |
| Name:  | M / F : | DOB: |
| School: | Grade: |
| Email:  | Mobile:  |

We will keep these details on file so that we do not have to ask for them prior to each event, unless you request otherwise. Please advise XX as soon as practical of any changes to this information.

Authorisations

Do you authorise your child to make their own way to and from XX events? Yes ☐ No ☐

Medical and care needs

Does your child have any medical conditions that we should know about? No ☐

Prescription medication ☐ Chronic illness ☐ Medical allergies ☐ Other ☐

Do you give permission for your child to take paracetamol if required? Yes ☐ No ☐

Does your child have any care needs that we should know about? Yes ☐ No ☐

Behavioural concerns ☐ Psychiatric care ☐ Other ☐

Is there anyone who is legally restricted from seeing your child? Yes ☐ No ☐

If yes, please attach copies of any supporting documentation (eg: AVO or Family Court Order)

Dietary Issues

Does your child have any special dietary need that we should know about? Yes ☐ No ☐

Food allergies e.g. nuts ☐ Other ☐

Is your child capable of swimming more than 30m unassisted? Yes ☐ No ☐

Please provide further details as required:

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Child 3 – Personal Details

Attending (tick): Sunday School ☐ Kids Club ☐ Youth Group ☐

|  |  |  |
| --- | --- | --- |
| Name:  | M / F : | DOB: |
| School: | Grade: |
| Email:  | Mobile:  |

We will keep these details on file so that we do not have to ask for them prior to each event, unless you request otherwise. Please advise XX as soon as practical of any changes to this information.

Authorisations

Do you authorise your child to make their own way to and from XX events? Yes ☐ No ☐

Medical and care needs

Does your child have any medical conditions that we should know about? No ☐

Prescription medication ☐ Chronic illness ☐ Medical allergies ☐ Other ☐

Do you give permission for your child to take paracetamol if required? Yes ☐ No ☐

Does your child have any care needs that we should know about? Yes ☐ No ☐

Behavioural concerns ☐ Psychiatric care ☐ Other ☐

Is there anyone who is legally restricted from seeing your child? Yes ☐ No ☐

If yes, please attach copies of any supporting documentation (eg: AVO or Family Court Order)

Dietary Issues

Does your child have any special dietary need that we should know about? Yes ☐ No ☐

Food allergies e.g. nuts ☐ Other ☐

Is your child capable of swimming more than 30m unassisted? Yes ☐ No ☐

Please provide further details as required:

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