GENERAL PERMISSION FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parish: |  | Ministry: |  | | |
| 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:  (optional) |  | Child’s Phone:  (optional) |  | | |
| School: |  | School Year: |  | | |
| PARENT DETAILS | | | | | |
| Parent Name: |  | Parent Phone: |  | | |
| Parent Name: |  | Parent Phone: |  | | |
| Address:  (if different from above) |  | | | | |
| Suburb: |  | Post Code: |  | | |

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| --- | --- | --- | --- |
| HEALTH INFORMATION | | | |
| Doctor: |  | Doctor Contact: |  |
| 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 |
| *If ‘Yes’ please attach copies of any supporting documentation (eg: AVO or Family Court Order)* | | | |
| Photos/videos of my child taken at XX events may be displayed publicly (online and in print) unless I advise the XX leaders otherwise. | | | Yes | No |
| I agree to online video meetings run by XX being recorded for internal compliance purpose. | | | Yes | No |
| ADDITIONAL NOTES Over the page please | | | |
| PERMISSION | | | |
| My signature below indicates:   * 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. | | | |