Attendee Information and Permission Form

Please complete and return this form to the [insert youth/kids program name] leaders. This information will be kept confidentially and securely. *Should this information or your circumstances change throughout the year, please advise the youth leader and request that your details be updated.*

Information and updates on [insert youth/kids program name] activities will be made via the Facebook page [insert FB page link] and via email to yourselves and your child/ren.

## Attendee details

|  |
| --- |
| Full name: |
| Preferred name: |
| Date of birth: |
| Address: |
| Current school grade: |
| Gender: |
| Email: |
| Parent/caregiver email: |

## Medical information

Please provide the following information so that we are aware of any medical conditions/allergies. A leader would be happy to speak with you about any of the information or any concerns you have about your child’s participation in the program.

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| --- |
| **Please provide relevant information about any medical condition or limitation that may affect your child’s ability to fully participate in the regular activities of [insert youth/kids program name].** |
| **Does your child have any dietary requirements we need to be aware of?** |
| **Does your child have any allergies? If yes, please provide details** |
| **Does your child carry an EpiPen or any medication that they may need to self-administer during a program? E.g. asthma medication, antihistamines?** |
| **What is your child’s swimming ability?** |

## Emergency contact details

|  |  |  |
| --- | --- | --- |
| **Emergency contact 1 name and relationship:** |  | |
| Home number: | Mobile number: | |
| **Emergency contact 2 name and relationship:** | |  | |
| Home number: | | Mobile number: | |

## Transport

From time to time, youth travel from the church to activities in leader’s cars [and or a bus driven by leaders with appropriate licences]. Do you consent to your child travelling in a leader’s car?

**Y / N (please circle)**

(If no, parents must be willing to drive their children to and from activity locations).

Please nominate the people (other than the person signing this form) whom you give permission to pick-up or drop-off your child/children:

|  |  |
| --- | --- |
| **Pick up contact 1 name:** | **Relationship to child:** |
| Drivers licence number: | Mobile number: |
| **Pick up contact 2 name:** | **Relationship to child:** |
| Drivers licence number: | Mobile number: |

## Care/custody arrangements

Are there any custody or parental care arrangements or orders that we should be made aware of?

**Y / N (please circle)**

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| --- |
| If yes, please provide necessary details: |

## Photos/social media consent

Do you consent to [insert name of church] making appropriate use of photos/videos taken during the program that include your child? For example, inclusion in church newsletter, brochure, website or social media.

**Y / N (please circle)**

## Care of children

I understand the leaders will take all reasonable care of my child while at [insert name of program] and that neither [insert name of church] or its representatives will be liable for any accident or injury or for loss or damage of property.

**Y / N (please circle)**

## Medical treatment consent

I give consent for and agree to pay for any necessary medical treatment. I acknowledge that my child needs to abide by the rules and guidelines of [insert name of program] and to participate in all aspects of the program.

**Y / N (please circle)**

## Signature

In signing this form you are giving permission for your child to participate in all regular [insert youth/kids program name] activities run by [insert name of church] and the consents contained in this form.

|  |
| --- |
| **Parent/caregiver name: Signature:** |
| Name: Date: |