



General Permission Form For



Child's Details:

Name: _____

Date of Birth: _____ Male / Female

Address: _____

Phone Number: (H) _____ (M) _____

Parent/Guardian names: _____

Phone Number: (H) _____ (H) _____

(M) _____ (M) _____

(W) _____ (W) _____

Please mark with an * the most appropriate emergency contact number

Email: _____

Please do not email or sms my child about upcoming events

Health Information:

Name of Emergency Contact (if parent/guardian cannot be reached): _____

Phone Number: (H) _____ (M) _____

(W) _____

Medicare Number: _____

Reference Number: _____ Expiry Date: _____

Health Insurance: _____ Membership Number: _____

Ambulance cover: Y / N Last Tetanus booster: ____/____/____

Describe in full any allergies (food, drug, environmental) and the medication taken:

Is your child on a special diet? Y / N (if yes please give details below)

Does your child take any medication? Y / N (please outline dosage, purpose, times below)

To prevent possible embarrassment, does your child wet the bed or sleep walk? Y / N

If your child is restricted from any activity, please note the restrictions and specify the condition involved:

Does your child have a disability (physical, mental, learning, emotional)? Y / N _____

Can your child swim? Y / N How many metres? _____

Does your child have behavioural problems? Y / N _____

Is anyone legally restricted from seeing this child? Y / N If so, who? _____

I give permission for photo/video of my child to be taken that may be used when advertising the group
Y / N

Application

Parents please read, sign and date the following:

My signature below indicates my willingness to permit my child:

- To participate fully in a youth activity associated with the parish church of St Peter's, Shoalhaven Heads, being at 128 Scott St, Shoalhaven Heads, from 6pm-8pm on Friday night during school term (or other times as notified)
- In the case of a medical emergency, I hereby give permission to the Doctor chosen by the church authorities or other persons supervising or administering the youth activity, 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.

Additional details (noted above):

Signed: _____

Date: _____

The leadership team of the aforementioned group will treat the information in this form 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.

Amanda Stavert :: Children and Youth Minister
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