



General Information

Child's name:		Date of birth:	
Parents' or guardians' names:			
Home phone no:		Mobile:	
Email:			

Medical Information

Please list any medical conditions or allergies, and any medication or special care they require.

Dietary Restrictions: Is your child on a restricted diet? (please circle) Yes No

If yes, please indicate foods or beverages your child should not consume:

In Case of Emergency - Contact Numbers

Name:		Relationship to child:	
Phone: (h)	(w)	(m)	

Alternative Emergency Contact

Name:		Relationship to child:	
Phone: (h)	(w)	(m)	

- I authorise the leader in charge of the abovementioned group to arrange for my child to receive such first aid and medical treatment, as a trained first aid person may deem necessary.
- I authorise the use of calling an ambulance by a qualified medical practitioner if in his/her judgment it is necessary.
- I accept responsibility for payment of all expenses associated with such treatment.

Please read the follow statement and tick the boxes from which you wish to preclude your children:

- I **DO NOT** permit photos taken of my child to be displayed on notice boards in the church.
- I **DO NOT** permit photos taken of my child to be displayed in church publications, e.g. website, newsletters, brochures, etc.

Thank you for providing this important information. The safety and wellbeing of your child is our primary concern.

Signature of Parent / Guardian:			
Name in full:		Date:	