

# Gordon

Uniting Church in Australia, NSW Synod

Youth and Children's Ministry Registration Form

18 Cecil Street, Gordon 9498 6729



Name of program/s **Kidzone/Priority One/Sprouts/Remix**

Name of child: \_\_\_\_\_ School and Year \_\_\_\_\_

Date of Birth: / / Parent/Guardian Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Alternate emergency contacts:

1. Name : \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name : \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Please give details of a) any person/s not permitted to contact or collect your child/ren while in the care of the above-named group and b) any Court order related to such: \_\_\_\_\_

\_\_\_\_\_

I consent to my child becoming a member of \_\_\_\_\_

I will encourage my child to attend and participate regularly and to cooperate with the leaders and other children.

I authorise the leader in charge of the above mentioned group where it is impracticable to communicate with me, to arrange for my child to receive such medical treatment as the leader may deem necessary at any time during the activities of \_\_\_\_\_. I further authorise the use of Ambulance if in the leader's judgment it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I appreciate that every care will be taken by the leaders of the above mentioned group and that the leaders and those connected with that group cannot be held responsible for personal injury, loss or theft of property affecting my child.

## **There may be occasions when it is necessary to transport children or to walk to nearby facilities.**

I DO / DO NOT give permission for my child (as above named) to participate in activities outside of the normal meeting complex (including swimming).

I DO / DO NOT give permission for my child to be transported in private cars arranged by the leaders of the above named group.

Signature of Parent/Guardian:

\_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_

Date / /

**Please turn over to complete form**

## CONFIDENTIAL MEDICAL REPORT

The information below is requested to assist in case of any illness or accident. This information will be held in the strictest confidence.

1. Please tick if your child suffers from any of the following:

- Heart condition;
- blackouts;
- asthma;
- sleepwalking;
- migraines;
- other (please specify):

2. Is your child presently taking medication? Yes No *If yes, please state the name of the medication, dosage, etc* \_\_\_\_\_

3. Is your child allergic to:

- Penicillin;
- Bee stings;
- Other (please specify + degree of reaction?) \_\_\_\_\_

4. Last tetanus immunisation: / /

5. Medicare No: \_\_\_\_\_ Medical/Hospital Fund: \_\_\_\_\_

Contribution No: \_\_\_\_\_

6. Name of family doctor: \_\_\_\_\_ Ph: \_\_\_\_\_

7. Name of Dentist: \_\_\_\_\_ Ph: \_\_\_\_\_

8. Can your child swim? YES / NO Distance in metres? \_\_\_\_\_

**Please list any physical or special needs:  
(eg dietary requirements, food allergies)**

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I confirm that the particulars given on the accompanying confidential medical questionnaire are correct and accept responsibility for the declaration above. I understand that photos and video of my child may be taken during the program and used in promotion of future events and give permission for these to be taken and used. I give permission for my personal details and information to be kept confidentially and used by the named church on this document.

Signed Parent /Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return to church**