

General Permission Form 2015 - Youth and Children

• **Child/Youth's details:** please print using pen

Last name: _____ **First name:** _____

Date of birth: _____ dd/mm/yy **Male / Female** _____

Address **street:** _____

suburb: _____ **postcode:** _____

School: optional _____ **Year at school:** optional _____

Our policy is to keep to a minimum any electronic communication with children and young people. We make every attempt to ensure that parents/guardians are aware of phone calls with children or youth and that the home phone is our first point of communication. Any email or SMS communication is solely for the purpose of information about a function or event. Please ask if you would like to see our complete 'Electronic Communication Policy'.

Youth email optional _____

Youth's phone: optional **home** _____ **mobile** _____

• **Parent/Guardian's details**

	Person 1	Person 2
Last name(s):	_____	_____
First name(s):	_____	_____
Relationship to child	_____	_____
Phone: home	_____	(h)
mobile	_____	(m)
work	_____	(w)
Email optional	_____	_____

Please make with an * the most appropriate **emergency** contact number

• **Other Emergency Contact** (if parent/guardian cannot be reached)

Last name: _____ **First name:** _____

Relationship to child _____

Phone: home _____ **mobile** _____

work _____

• **Access**

Is anyone legally restricted from seeing this child? Yes/No

If 'yes', who? _____ **Relationship to child** _____

Health and General Information

Please provide details for the following matters in relation to your child :

- Describe in full any **allergies** (food, drug, environmental) and any **allergy related medication** currently prescribed.

- Is your child on a **special diet** **Yes/No** (detail) _____

- Does your child currently take any **medications** **Yes/ No** Name, dosage, purpose and times _____

- Detail any **serious illness or operations** **Yes/No** (detail) _____

- Is your child **restricted from any activity** **Yes/No** (include the restrictions, and the condition involved) _____

- Does your child have a **disability** (physical, learning, emotional)? **Yes/No** (detail) _____

- Does your child have any **behavioural problems?** _____

- Can your child **swim?** Yes/No Distance _____

Medicare no: _____	Reference No: _____	Expiry date : _____
Health Insurance _____	Membership No: _____	Ambulance cover : Yes/No
Family Doctor : _____	Suburb : _____	
Doctor Phone : _____	Last Tetanus booster : dd/mm/yy _____/_____/_____	

(Photo/Video) I give permission for photos /videos of my child/young person:

- a) to be taken and to be used in the context of church activities **YES / NO**
- b) to be taken and to be used for print publication purposes related to the church **YES / NO**
- c) to be taken and used for electronic digital or electronic publishing (internet) purposes related to the church **YES / NO**

In line with our 'Electronic Communication Policy' every care will be taken to have children/young people photographed within the context of a church activity and with appointed leader approval; with the focus of the photo on the activity rather than the individuals; taken in the group context unless the activity requires individual photographs (e.g. creating ID tags); with the willing participation of the child/young person and parental permission; with all within the photograph appropriately dressed; without the recording of the individual names; and taken with a mobile camera only for emergency or safety reasons.

Declaration (parents/guardians please read, sign and date the following)

My signature below indicates my willingness to permit my child to participate fully in a children's/youth activity associated with the Anglican parish church of Summer Hill.

In the case of an emergency, I hereby give permission to the Doctor chosen by the church authorities, or other persons supervising or administrating the children's/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 the instituting such procedures.

Signed:

Date:

The leadership team of the aforementioned group will treat the information contained in this form confidentially. This information may be shared with a third party when it concerns medical health or care of the individual 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.