

REGISTRATION FORM

Please complete one Registration Form for each child

Child's Surname: _____ First name: _____

Address: _____

Male / Female Age: _____ Year at school: _____

Parent / carer's name: _____

Contact number: (H) _____ (W) _____ (M) _____

Is there a current Custody Order regarding this child? Yes / No

If yes, please provide details as appropriate _____

MEDICAL DETAILS

Does your child have any of the following? Please specify.

- Allergies: _____
- Dietary requirements: _____
- Asthma: Are there any self-administered medications to be taken? Yes / No _____
- Medicare number: _____
- Other relevant medical information: _____

EMERGENCY CONTACT DETAILS

Doctor's name: _____

Address: _____

Phone number: _____

Emergency contact name (if we cannot reach you): _____

Relationship to child: _____

Phone number: _____

CONSENT

Authority to Collect / Travel Home

- I give permission for my child to make their own way home (eg bike, walk, public transport)
- I give permission for the following people other than myself to pick up my child from this programme:

Name: _____ Relationship to child: _____ Contact number: _____

Name: _____ Relationship to child: _____ Contact number: _____

Note: Where travel is to be by car driven by a leader then a separate Travel Permission Note is required.

Authority for Contact / Photos

- I consent to my child being contacted by the leaders of this programme.
- I consent to my child being contacted by the church to be informed of upcoming events.
- I consent to my child's photo being taken or a video being taken in which my child appears for use within the programme and the church in general.

Authority for administering paracetamol

- I authorise the leaders of this programme to administer **one dose of paracetamol** to my child as per the instructions on the medication. I understand that this authority is a guideline for administration of a specific dose. I understand that I will be contacted for my permission for each specific instance. I understand the potential risks and side effects of this medication for my child.

By signing this form I authorise the leaders of this programme, in the event of an emergency, to obtain at my expense any medical, ambulance or similar services considered necessary.

I also accept that any unacceptable behaviour on the part of my child may result in my child being sent home and/or being temporarily or permanently prohibited from attending this programme.

I agree that the information contained on this Registration Form is true and correct. I agree that I will ensure that any changes to this information are advised in writing as soon as possible.

SIGNATURE

Parent / carer's signature: _____ Date: _____

PRIVACY

Personal information collected is used only for purposes relating to the spiritual, pastoral, social, educational, administrative, legal and historical functions of the Church subject to the Church's Privacy Policy in accordance with the Privacy Amendment (Private Sector) Act 2000. Your acceptance of this written advice will be regarded as your consent to collect and so use the information as described. If you do not consent please advise immediately. A copy of the Church's Privacy Policy is available on request. Personal information will not be used for any other purpose without first obtaining your consent.