SAMPLE

Information Form

Church name: Program name:

GENERAL INFORMATION

Participant’s name: Date of birth:

Parents’ or guardians’ names: Home phone no: Mobile: Email:

MEDICAL INFORMATION

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

DIETARY RESTRICTIONS: Is your child on a restricted diet? 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 above mentioned 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 give permission for my child to participate in activities outside of the normal meeting complex except where they are within reasonable walking distance.

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

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.

Transport authority: If I am unable to collect my child at the finishing time they may be transported home from the program with the following people:

Signature of parent/guardian: Name: Date: