

CHILDREN'S ENROLMENT & PERMISSION FORM

West Preston Baptist Church (2 pages)

The information in this form is collected for the purposes of ensuring we have enough information about your child to keep them safe, and be able to contact them and you if the need arises. It is to be completed every year and the information on it will be made available to the Children's ministry leaders and helpers as necessary. It applies to all children's ministry programs on Sunday during church services, and any other ad hoc gatherings through the year.

CHILD'S PERSONAL DETAILS	
Surname:	Given name:
Address:	
Home phone:	Date of birth:
Email address:	
Year level this year:	
Who does the child live with?	
EMERGENCY CONTACT	
Name of emergency contact:	
Mobile phone:	
Relationship to child:	
Are there any person/s not permitted to contact or collect your child? Please give details:	

PERMISSION

I consent to my child being involved in the children's ministry programs at West Preston Baptist Church. I will encourage my child to attend and participate regularly, and to cooperate with the leaders and other children.

I give permission for my child to participate in online/digital gatherings such as on Zoom. For primary school aged children, I understand that a parent/guardian must be present at the start of each gathering.

I authorise the leader in charge of the group to arrange for my child to receive such first aid, medical or surgical treatment as the leader may deem necessary at any time during these activities. I further authorise the use of ambulance and/or anaesthetic 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.

SIGNATURE OF PARENT/GUARDIAN:

Name: _____ Signature: _____ Date: _____

TRANSPORT AND PHOTOGRAPHY

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 place.

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

I DO/DO NOT give permission for my child to be **photographed** &/or recorded during the course of the activity for the purposes of creating promotional material for the church and or its ministries.

SIGNATURE OF PARENT/GUARDIAN:

Signature: _____

Date: _____

CONFIDENTIAL MEDICAL INFORMATION

The information below is requested to assist in case of any illness or accident and will be held in confidence. The information may be passed on to medical care providers in the event of an emergency.

Does your child have any significant, relevant health conditions?

Is your child taking any medication regularly? If yes, please give the name of the medication and reason.

Does your child have any allergies? If so, please list

Does your child have any physical or special needs (e.g. dietary requirements)?

SIGNATURE OF PARENT/GUARDIAN:

Signature: _____

Date: _____