

PARENTAL PERMISSION AND MEDICAL INFORMATION//EPPING CHURCH OF CHRIST

At Epping Church of Christ we believe that young people are important. We count it a great privilege to be able to have your child involved in our program. It is our aim that every child feels safe, loved and cared for within our programs. We strive to give your child the best care we possibly can while they are involved in our programs. In order to do this we ask that you complete the following form so that we have the relevant information needed to ensure your child is cared for in a responsible and professional manner.

This information is kept confidential and is only used for bettering the care we give your child. We respect you and your family's right to privacy and as such this information is not shared but is necessary so that we can provide them with the safest possible experience while in our care.

If you have any questions regarding the information asked for on this form, or regarding the Youth and Children's programs we offer please don't hesitate to contact the Church office during business hours (02 9876 3370).

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Child(ren) Name(s) 1. _____ D.O.B. _____
2. _____ D.O.B. _____
3. _____ D.O.B. _____

Programs your child is involved in (please circle):

LAUNCH PRESCHOOL PRAISE GRAVITATE YOUTH@ECC

Parent/Guardian Name _____

Address _____

Phone Number home: _____ mobile: _____

Medicare Number: _____

Emergency Contacts:

1.Name: _____ relationship to child: _____ phone: _____

2.Name: _____ relationship to child: _____ phone: _____

Full name of person(s) permitted to pick up child(ren).

Any medical conditions we should be aware of? (allergy (including food), asthma, medication etc.)

If your child has an allergy or medical condition, please outline the steps needed in order to effectively treat their condition including medication used (epi-pen etc.) or other treatment and contact person and number.

Permission to take photographs/video of your child(ren) participating in activities of Epping Church of Christ programs (only for use in conjunction with the Epping Church of Christ Programs and future promotional material.)

YES NO

Permission for a trained first aid officer to give first aid and administer appropriate medicine if required and to contact an ambulance in the case of an emergency. Parent/ guardian will be contact in such a case.

YES NO

Permission for your child to be given panadol in the event of sickness/ headache/ injury YES 0 1 2 NO

I understand that some activities undertaken may require transport and travel to locations other then Epping Church of Christ. I give permission for my child to be transported in the car of an approved leader and I understand that all care will be taken to ensure my child's safety.

YES NO

Signature: _____

Date: _____