

## Glasshouse Country Baptist Church – Youth Participant form - Confidential

Dear Parent/Caregiver, to provide the best possible care while your child is with us, please complete the following form and return it to the co-ordinator responsible for the ministry area.

<b>Personal Details (please complete a form for each person)</b>				
<b>First name</b>		<b>Last name</b>		
<b>Preferred name</b>		<b>Male/Female</b>	<b>Date of Birth</b>	
<b>Address</b>				
<b>Suburb</b>		<b>Postcode</b>		
<b>Phone</b>		<b>Mobile</b>		
<b>Email Address</b>				

<b>Custody Details</b>	
Is there a current custody order regarding this child	Yes / No

<b>Medical Details (Does your child have any of the following)</b>			
Allergies: (e.g. Bee stings, penicillin, aspirin)			
Dietary requirements: (e.g. lactose intolerant)			
What was the year of the you Child's last tetanus injection			
Other relevant medical information: (e.g. asthma, migraines, dizzy spells, A.D.D.)			
If asthma, has it required hospitalisation in the past?	Yes / No		
Are there any self-administered medications that may be taken? (e.g. ventolin / salbutamol, insulin)			
medication:	amount:	frequency:	
medication:	amount:	frequency:	
medication:	amount:	frequency:	
Is paracetamol allowed to be taken?			
Are you covered by private medical insurance?	Yes / No	Provider	
Policy holder's name/number			
Medicare Number			

<b>Emergency Contact Details</b>	<b>Contact 1</b>	<b>Contact 2</b>
<b>Contact Name</b>		
<b>Relationship to student</b>		
<b>Business hours phone</b>		
<b>Mobile Phone</b>		

<b>Private Transport</b>	
I/We authorise our child to travel in a car driven by an approved leader or parent	Yes / No

<b>Can we contact your child?</b>	
The leaders often appreciate the opportunity to be in contact with the students in this ministry. This allows us to inform of upcoming events and the ongoing communication between the leaders and the student. Do you approve of your child being contacted through email / mobile phone / facebook by the leaders of this ministry?	Yes / No

**Consent for participation**

I/we understand that every effort will be made to provide a safe environment for my/our child to participate in. However, in signing this form I authorise the leaders, in the event of an emergency, to obtain at my/our expense, any medical, ambulance or similar services considered necessary by the leaders.

I/we recognise that being a part of a community involves mutual care and consideration and therefore agree that unacceptable behaviour may result in our/my child being sent home and/or being temporarily or permanently prohibited from attending the student ministry.

Parent/guardian to sign if student is under 18 years of age

Name		Signature		Date	
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**Permission for digital image recording (Under 18 only)**

Occasionally the church’s ministry areas take photos and videos for promotion and advertising of church activities of which your child might or could appear. For this your approval is required. If you consent to this, please provide your name and signature below

Name		Signature		Date	
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**Change of details**

We appreciate the time you have taken to complete this form. In an effort to provide the best care for your child, we ask to be advised if any of the details in this form change.

Thankyou.