



Registration Form for Children/Youth Activities Personal and Medical Information

Child Name: 1) _____ 2) _____ 3) _____

Dates of Birth: 1) _____ 2) _____ 3) _____

School Years 2015: 1) _____ 2) _____ 3) _____

Address: _____

Parent names _____

Phone Numbers: (H) _____ (M) _____

Email(s): _____

Emergency contact person and phone number _____

Medical

In case of an emergency requiring immediate treatment, authority is given for the leaders to provide appropriate medical treatment.

Please circle: YES NO

Medicare Number: _____

Last Tetanus Immunisation: _____

Does your child have a current medical condition/
food allergy/ medication?
Please give details.

Photos/videos

Photos/videos are sometimes taken during our children's programme. These photographs may be used for posters displayed at St Martin's Anglican Church and for possible inclusion in newsletters, church powerpoint presentations, brochures or on the St Martin's's Anglican Church website (group photos only, no names.)

Please Circle:

I DO / DO NOT permit photos and videos to be taken of my child (without their name) to be displayed in church and church publications eg newsletters, brochures, website.

Please speak to the leader if we need to be aware that there is a legal restriction on who has authority to collect your child.

In accordance with the Privacy Act, 1988, we inform you that all personal information collected will be used for the purpose of contacting carers in the event of an accident/emergency, supplying appropriate medical care for your child if the need arises, and for informing you of future children's activities that are authorised or approved by St Martin's Anglican Church. It will not be distributed to any other organisation.

Thank you for providing this important information. The safety and well being of the children is our primary concern.

Signed _____ (parent/guardian)

Date _____

(Feb 2015)