



Coorparoo Presbyterian – Kids & Youth Ministries



Sunday morning
3 y/o's
to Gr7



Fri
nights
Grades
1-7



Grade
8 up

Emlyn Street,
COORPAROO, 4151
www.coorparoo.org.au

ONE FORM PER CHILD

Child's Name Child's email address (for YAC's)

Address

Date of Birth School Grade

Mother's Name Father's Name

Phone Mobile Email:

Alternate contact Relationship to child Phone

Details of any known relevant conditions, allergies, etc (eg asthma, diabetes, foods)

In the event of serious injury, requiring the calling of an ambulance, please provide the following details.

Family Doctor Name of medical practice Phone

Medicare number Private Health Insurer Number

I give permission for my child to attend in 2008, those activities I have ticked (above).

I acknowledge that while the church and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with participation in this program cannot be foreseen or may be beyond the control of the church, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorise qualified practitioners to administer anaesthetic if required.
- I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
- I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.

I understand that if my child is attending JAM, they are under my care or that of the person nominated as the "alternate contact" above, from the completion of the worship service.

I understand that if my child is attending YAC's, I am responsible for their travelling to/from the activity.

I consent to appropriate use by the Church of photos or videos taken at any of the ticked activities that include my child – on the understanding names are not mentioned. For example, placement on - the church notice board, the weekly bulletin, any advertising or the website, etc Yes No

I confirm that the information contained in this form is true and correct and agree to inform the church of any change to these details.

Signature (Mother/Father/Guardian) Date

Our church adheres to the Privacy Policy of the Presbyterian Church of Queensland.

To share God with people and encourage their faith in Christ with teaching, prayer and worship.

THIS SECTION ONLY REQUIRED TO BE COMPLETED FOR CHILDREN (grades 1-7) ATTENDING BATs.

These are the only adult(s) authorised to collect (child's given and family name) either during, or at the conclusion of BATs.

Name Signature

Name Signature

Name Signature

Name Signature