COORPAROO
PRESBYTERIAN
Children & Youth Ministries

☐ Children's Church ☐ Youth specific activities ☐ Others activities – any age

2012 one form per child

Child's Name .....

Address .....

Date of Birth .....School ..... Grade .....

Mother's Name ..... Father's Name.....

Phone ..... Mobile..... Email: .....

Child's email address and/or mobile (if applicable); all communications to children will be duplicated to parent/s

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Church affiliation (optional) – eg Presbyterian, Anglican, Uniting, Baptist, Catholic, Other .....

Alternate contact..... Relationship to child..... Phone.....

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

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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 **2012** 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 Children's Church 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 youth specific activities or other activities – any age, 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 on 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 Parish adheres to the Privacy Policy of the Presbyterian Church of Queensland.

COMPLETION OF THIS SECTION ONLY REQUIRED WHEN CHILDREN OR YOUTH ARE ATTENDING NON SUNDAY MORNING ACTIVITIES

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

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

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

Message *Magnification* *Membership* *Maturity* *Ministry*