Comprehensive Permission Form Picton Wilton Anglican

To be completed for all children under 18 years

Effective from 1 January to 31 December 2017 in relation to the activities indicated in the personal details section overleaf.

Parent / Caregiver 1

Name:	Home Phone:
Email:	Mobile:
Home Address:	

Parent / Caregiver 2 (only include detail that differs from above)

Name:	Home Phone:
Email:	Mobile:
Home Address:	

Emergency Contact (alternative to parent/caregiver)

Name:	Home Phone:
Relationship to child/ren:	Mobile:

Privacy Declaration

Picton Wilton Anglican Church is exempt from the requirements of the *Privacy Act* 1988 (Cth) as it is a "small business". However, we seek to deal carefully with the personal information we collect and to do so in a manner consistent with your reasonable expectations.

The personal information in this form will be made available to -

- (a) the group leaders involved in the running of the activities in which my child participates, and
- (b) medical and emergency services if considered necessary.

Please tick if you agree:

[] I give permission for photos and videos of my child taken at events to be displayed publicly (online and in print) unless I advise the leaders otherwise.

Authorisations & Expectations

- I give permission for my child to attend **all scheduled activities**, unless I advise the leaders otherwise (consult the programme for Kids Club and Youth Group activity details).
- I give permission for my child **to travel in a car** driven by an approved leaders or a parent approved by a leader unless I advise the leaders otherwise. (Your child will not be in a car driven by a learner or provisional licence holder).
- I authorise the group leaders, in the event of an emergency, to obtain at my expense any medical, ambulance, rescue or other services that are considered necessary for my child.
- I acknowledge that being part of a community involves mutual care and consideration, and therefore agree that unacceptable behaviour may result in my child being sent home and being temporarily or permanently prohibited from attending the activities.
- I will provide the leaders with any information relevant to the wellbeing of my child prior to him or her attending an activity.
- I confirm that the information given in this form is true and correct, and will advise the Safe Ministry Representative of any changes to this information.

Signature of Parent / Caregiver

<u> </u>	
Print full name:	
Sign:	Date:

Child 1 - Personal Details Attending (tick): Creche \square King's Kids Kids Club Youth Group Name: M / F : DOB: School: Grade: Email: Mobile: Medicare number: Position on card: Ambulance cover Y / N: Medicare expiry date: We will keep these details on file so that we do not have to ask for them prior to each event, unless you request otherwise. Please advise the Safe Ministry Representative as soon as practical of any changes to this information. **Authorisations** Do you authorise your child to make their own way to and from events? Yes \square No \square Medical and care needs Does your child have any medical conditions that we should know about? Nο Prescription medication Chronic illness Medical allergies Other Do you give permission for your child to take paracetamol if required? Yes 🔲 No I Does your child have any care needs that we should know about? Nο Psychiatric care \square Other Behavioural concerns Yes | No | | Is there anyone who is legally restricted from seeing your child? If yes, please indicate who this is: **Dietary Issues** No 🗍 Does your child have any special dietary need that we should know about? Food allergies e.g. nuts Other Yes No Is your child capable of swimming more than 30m unassisted?

Please provide further details as required:	

Child 2 - Personal Details Attending (tick): Creche King's Kids Kids Club Youth Group Name: M / F : DOB: School: Grade: Email: Mobile: Medicare number: Position on card: Ambulance cover Y / N: Medicare expiry date: We will keep these details on file so that we do not have to ask for them prior to each event, unless you request otherwise. Please advise the Safe Ministry Representative as soon as practical of any changes to this information. **Authorisations** Do you authorise your child to make their own way to and from events? Yes \square No \square Medical and care needs Does your child have any medical conditions that we should know about? Prescription medication Chronic illness Medical allergies Other Do you give permission for your child to take paracetamol if required? Yes 🔲 No I Does your child have any care needs that we should know about? Nο Psychiatric care \square Other Behavioural concerns Yes | No | | Is there anyone who is legally restricted from seeing your child? If yes, please indicate who this is: **Dietary Issues** No I Does your child have any special dietary need that we should know about? Food allergies e.g. nuts Other Yes No Is your child capable of swimming more than 30m unassisted?

Please provide further details as required:

Child 3 - Personal Details

Attending (tick): Creche	King's Kids
Name:	M/F: DOB:
School:	Grade:
Email:	Mobile:
Medicare number:	Position on card:
Medicare expiry date:	Ambulance cover Y / N:
We will keep these details on file so that we do not have to Please advise the Safe Ministry Representative as soon as	to ask for them prior to each event, unless you request otherwise. as practical of any changes to this information.
Authorisations	
Do you authorise your child to make their own w	way to and from events? Yes \(\square\) No \(\square\)
Medical and care needs	
Does your child have any medical conditions the	at we should know about? No 🗌
Prescription medication Chronic illnes	Medical allergies Other
Do you give permission for your child to take pa	aracetamol if required? Yes No No
Does your child have any care needs that we sh	nould know about? No 🗀
Behavioural concerns Psychiatric ca	are Other O
Is there anyone who is legally restricted from se If yes, please indicate who this is:	
Dietary Issues	
Does your child have any special dietary need th	hat we should know about? No \square
Food allergies e.g. nuts Oth	her
Is your child capable of swimming more than 30	om unassisted? Yes No No
Please provide further details as requ	uired:

Child 4 - Personal Details Attending (tick): King's Kids Creche \square Kids Club Youth Group \square M/F: Name: DOB: School: Grade: Email: Mobile: Medicare number: Position on card: Ambulance cover Y / N: Medicare expiry date: We will keep these details on file so that we do not have to ask for them prior to each event, unless you request otherwise. Please advise the Safe Ministry Representative as soon as practical of any changes to this information. **Authorisations** Do you authorise your child to make their own way to and from events? Yes \square No \square Medical and care needs Does your child have any medical conditions that we should know about? Chronic illness \square Medical allergies | Other Prescription medication Yes L No L Do you give permission for your child to take paracetamol if required? Does your child have any care needs that we should know about? Psychiatric care \square Other | Behavioural concerns Yes | No | | Is there anyone who is legally restricted from seeing your child? If yes, please indicate who this is: Dietary Issues

Dictary issues		
Does your child have any special dietary need that we should know about?	No 🗆	
Food allergies e.g. nuts \square Other \square		
Is your child capable of swimming more than 30m unassisted?	Yes No No	
Please provide further details as required:		