# **Comprehensive Permission Form Picton Wilton Anglican**

To be completed for all children under 18 years

Effective from **1** January 2018 to 31 March 2019 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 DO NOT give permission for PHOTOS OR 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 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

Print full name:	
Sign:	Date:

If you have any questions about this permission form, please contact Robyn Lofberg on 0410 060 082.

## Child 1 - Personal Details

Attending (tick):	Creche 🗔	King's Kids 🔛	Kids Club	Youth Group
Name:		M / F :	C	DOB:
School:		Grade:		
Email:		Mobile:		
Medicare number:		Positior	n on card:	
Medicare expiry date:		Ambula	ance cover Y / N:	

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 event	s?
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Yes 🗌	Only if Catching Bus 🗌	No 🗌
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### Medical and care needs

Does your child have any medical conditions that we should know about?				
Prescription medication $\Box$	Chronic illness 🗌	Medical allergies	Other 🗌	
Do you give permission for your	child to take paracetamo	if required? Yes	□ No □	
Does your child have any care ne	eds that we should know	about?	No 🗌	
Behavioural concerns	Psychiatric care 🗌	Other		
Is there anyone who is legally res	tricted from seeing your	child? Yes	□ No □	
If yes, please indicate who this is	:			
Dietary Issues				
Does your child have any special	dietary need that we sho	uld know about?	No 🗌	
Food allergies e.g. nuts 🗌	Other 🗌			
Is your child capable of swimmin	g more than 30m unassis	ted? Yes l	No L	
Please provide further details as required:				

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## Child 2 - Personal Details

Attending (tick):	Creche 🗔	King's Kids 🔛	Kids Club	Youth Group
Name:		M / F :	D	OB:
School:		Grade:		
Email:		Mobile:		
Medicare number:		Position	n on card:	
Medicare expiry date:		Ambula	nce cover Y / N:	

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 🗌 Only if Catching Bus 🗌 No 🗌
Medical and care needs
Does your child have any medical conditions that we should know about? No $\Box$
Prescription medication Chronic illness Medical allergies Other Chronic illness
Do you give permission for your child to take paracetamol if required? Yes $\Box$ No $\Box$
Does your child have any care needs that we should know about? No $\Box$
Behavioural concerns D Psychiatric care D Other D
Is there anyone who is legally restricted from seeing your child? Yes 🗌 No 🗌
If yes, please indicate who this is:
Dietary Issues
Does your child have any special dietary need that we should know about? No $\Box$
Food allergies e.g. nuts
Is your child capable of swimming more than 30m unassisted? Yes 🗌 No 🗌
Please provide further details as required:

## Child 3 - Personal Details

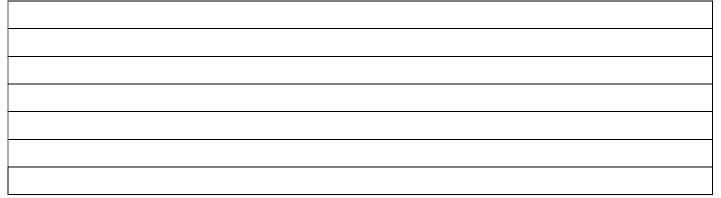
Attending (tick):	Creche 🗔	King's Kids 🔛	Kids Club	Youth Group 🔛
Name:		M / F :	D	OB:
School:		Grade:		
Email:		Mobile:		
Medicare number:		Position	n on card:	
Medicare expiry date:		Ambula	nce cover Y / N:	

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 🗌 Only if Catching Bus 🗌 No 🗌					
Medical and care needs					
Does your child have any medical conditions that we should know about? No					
Prescription medication Chronic illness Medical allergies Other					
Do you give permission for your child to take paracetamol if required? Yes 🗌 No 🗌					
Does your child have any care needs that we should know about? No $\Box$					
Behavioural concerns D Psychiatric care D Other D					
Is there anyone who is legally restricted from seeing your child? Yes 🗌 No 🗌					
If yes, please indicate who this is:					
Dietary Issues					
Does your child have any special dietary need that we should know about? No $\Box$					
Food allergies e.g. nuts Other Other					
Is your child capable of swimming more than 30m unassisted? Yes 🗌 No 🗌					

## Please provide further details as required:



## Child 4 - Personal Details

Attending (tick):	Creche 🗔	King's Kids 🔛	Kids Club	Youth Group
Name:		M / F :	D	OB:
School:		Grade:		
Email:		Mobile:		
Medicare number:		Position	on card:	
Medicare expiry date:		Ambula	nce cover Y / N:	

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 Only if Catching Bus No					
Medical and care needs					
Does your child have any medical conditions that we should know about? No $\Box$					
Prescription medication Chronic illness Medical allergies Other Chronic illness					
Do you give permission for your child to take paracetamol if required? Yes 🗌 No 🗌					
Does your child have any care needs that we should know about? No $\Box$					
Behavioural concerns D Psychiatric care D Other D					
Is there anyone who is legally restricted from seeing your child? Yes 🗌 No 🗌					
If yes, please indicate who this is:					
Dietary Issues					
Does your child have any special dietary need that we should know about? No					
Food allergies e.g. nuts					
Is your child capable of swimming more than 30m unassisted? Yes 🗌 No 🗌					
Please provide further details as required:					