



Children's/ Youth Ministry Information Form

Ettalong Baptist Church

Program name: _____

GENERAL INFORMATION:

Participant's name: _____ Date of birth: _____

School: _____ School Year: _____
(If applicable)

Parent/guardian name/s: _____

Phone: _____ Email: _____

DIETARY ISSUES:

Is there anything your child can not eat and/or drink? Yes / No
(If yes, please indicate foods or beverages your child should not consume.)

MEDICAL CONDITIONS:

Please list any medical conditions or allergies, and any medication or special care they require. If your child is anaphylactic to any substance please provide information regarding EpiPen and management plan:

IN CASE OF EMERGENCY:

Emergency Contact 1 Name: _____

Relationship to child: _____

Phone: (h)(w)(m) _____

Emergency contact 2: Name: _____

Relationship to child: _____

Phone: (h)(w)(m) _____

Please continue over page...

- ☐ I authorise the leader in charge to arrange for my child to receive such first aid and medical treatment as a trained first aid person may deem necessary.
- ☐ I authorise the use of calling an ambulance in an emergency.
- ☐ I accept responsibility for payment of all expenses associated with such treatment.

Please read the follow statement and tick the boxes from which you wish to preclude your children:

- ☐ I DO NOT give permission for my child to participate in activities outside of the normal meeting complex except where they are within reasonable walking distance.
- ☐ I DO NOT give permission for my child to be transported in private cars arranged by the leaders of the group.
- ☐ I DO NOT permit photos or video taken of my child to be displayed on noticeboards in the church, or in presentations during the groups activities.
- ☐ I DO NOT permit photos or video taken of my child to be displayed in church publications, e.g. website, newsletters, brochures, etc.
- ☐ I DO NOT permit photos or video taken of my child to be displayed in church social media accounts.

TRANSPORT AUTHORITY:

If I am unable to collect my child at the finishing time they may be transported home from the program with the following people:

Name 1: _____ Relationship to child: _____

Name 2: _____ Relationship to child: _____

Thank you for providing this important information. The safety and wellbeing of your child is our primary concern.

Name: _____ Date: _____

Signature of parent/guardian: _____