

SCHEDULE 7 - TEENAGER PARTICIPANT FORM

Dear Parent/Caregiver, to provide the best possible care while your teenager is with us, please complete the following form and return it to the coordinator responsible for the ministry area.

Teenager Personal Details (please complete a form for each person)				
First name		Last name		
Preferred name		Male/Female	Date of Birth	
Address				
Suburb			Postcode	
Care Giver Contact Details				
Phone			Mobile	
Email Address				

Custody Details	
Is there a current custody order regarding this teenager?	Yes / No

Medical Details (Does your teenager have any of the following)			
Allergies: (e.g. Bee stings, penicillin, aspirin)			
Dietary requirements: (e.g. lactose intolerant)			
Are there any self-administered medications that may be taken? (e.g. ventolin / salbutamol, insulin)			
Other relevant medical information: (e.g. asthma, migraines, dizzy spells, A.D.D.)			
What was the year of the you Child's last tetanus injection			
Is paracetamol allowed to be taken?			
Are you covered by private medical insurance?	Yes / No	Provider	
Policy holder's name/number			
Medicare Number			

Emergency Contact Details	Contact 1	Contact 2
Contact Name		
Relationship to Child		
Home Phone		

Mobile Phone		
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Private Transport

I/we authorise our child to travel in a car driven by an approved leader or parent.	Yes / No
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Can we contact your child?

The leaders often appreciate the opportunity to be in contact with children / teenagers in this ministry. This allows us to inform of upcoming events and the ongoing communication between the leaders and the student. Do you approve of your child being contacted through email / mobile phone / facebook by the leaders of this ministry?	Yes / No
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Permission for digital image recording (Under 18 only)

Occasionally the church's ministry areas take photos and videos for promotion and advertising of church activities of which your child might or could appear. Do you give consent to your child's image being used in this manner?	Yes / No
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Consent for participation

I/we understand that every effort will be made to provide a safe environment for my/our child to participate in. However, in signing this form I authorise the leaders, in the event of an emergency, to obtain at my/our expense, any medical, ambulance or similar services considered necessary by the leaders.

I/we recognise that being a part of a community involves mutual care and consideration and therefore agree that unacceptable behaviour may result in our/my child being sent home and/or being temporarily or permanently prohibited from attending the student ministry.

Parent/guardian to sign if student is under 18 years of age

Name		Signature		Date	
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Change of details

We appreciate the time you have taken to complete this form. In an effort to provide the best care for your child, we ask to be advised if any of the details in this form change.

Thankyou,
Tenthill Baptist Church Leadership