

SCHEDULE 7 - CHILD PARTICIPANT FORM

Dear Parent/Caregiver,

To provide the best possible care while your child is with us, please complete the following form and return it to the co-ordinator responsible for the ministry area.

| Child or Teenager Personal Details (please complete a form for each person) | | | | |
|--|------------------|------------------|---------------|--|
| First name | | Last name | | |
| Preferred name | | Male/Female | Date of Birth | |
| Address | | | | |
| Suburb | | | Postcode | |
| Caregiver Contact Details | | | | |
| Phone | | | Mobile | |
| Email Address | | | | |
| Custody Details | | | | |
| Is there a current custody order regarding this child? | | | Yes / No | |
| Medical Details (Does your child have any of the following) | | | | |
| Allergies: (e.g. Bee stings, penicillin, aspirin) | | | | |
| Other relevant medical information: (e.g. asthma, migraines, dizzy spells, A.D.D.) | | | | |
| Dietary requirements: (e.g. lactose intolerant) | | | | |
| Emergency Contact Details | Contact 1 | Contact 2 | | |
| Contact Name | | | | |
| Relationship to Child | | | | |
| Home Phone | | | | |
| Mobile Phone | | | | |
| 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 | |

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 | |
|------|--|-----------|--|------|--|

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.

Thank you,

Tenthill Baptist Church Leadership