

Dear Parent / Caregiver, to provide the best possible care while your child is with us, please complete the following form.

This form is divided into four parts:

- 1) Information required for all participants
- 2) Information required for high school and Boys' Brigade participants
- 3) Information required for <u>Boys' Brigade</u> participants only (all ages)
- 4) Consent Required for all participants

Please make sure you fill out the required information.

\* The information you provide is stored on our Church Database, which is maintained by Tithe.ly. You can read there Privacy Policy (https://get.tithe.ly/privacy-policy)

\* Only the relevant leaders of the ministry/brigades will be able to view your child's information (e.g., children who are only in Brigades can only have their information accessed by Brigade leaders).

\* Girls' Brigade has its own system for storing data

# 1) Information required for all participants

#### **Personal Information**

First Name *	Gender	
		•
Last Name *	Date of Birth *	
	dd/mm/yyyy	
Preferred Name	School Grade	
		•

## **Medical & Dietary Requirements**

**Dietary Requirements** 

Asthma

	🔲 No
Allergies	Yes - Occasional
	Yes - Mild
Medical Information	Yes - Severe

### **Privacy & Safety**

Is there are custody order regarding this person?

**Custody Details** 

YesNo

If there is a custody order, please provide further details.

Occasionally the church's ministry areas take photos and videos for promotion and advertising of church activities in which your child could appear. For this, your approval is required. Please indicate below what is required for your child.

Permission for digital imagery and recording

No	
Yes - Image / Recording can be published	
Yes - Name can be published	

## **Parent & Emergency Contact Information**

Parent / Guardian 1 Details	Parent / Guardian 2 Details
Name	Name
Address	Address
Mobile Phone	Mobile Phone
Home Phone	Home Phone

Email

#### **Emergency Contact Details**

**Emergency Contact - Name** 

**Emergency Contact - Relationship** 

**Emergency Contact - Mobile Phone** 

**Emergency Contact - Home Phone** 

# 2) Information required for high school and Boys' Brigade participants

#### **Contact Information**

Mobile Number	Home Address
Email Address	Home City / Suburb
	Home Post Code

#### Privacy & Safety

Who can transport this child?

**Transportation Arrangements** 

#### **Medical Requirements**

Is paracetamol allowed to be taken?

$\bigcirc$	Yes			
$\bigcirc$	No			

# 3) Information required for Boys' Brigade participants only (all ages) Personal Information

**Place of Worship** 

School	
Living A	rrangements
🔲 Bo	th Parents
Mo	other
🔲 Fa	ther
🔲 Ne	ither Parent
Living A	rrangements (Other)

## **Medical Requirements**

Family Doctor	Medicare Number
Family Doctor Phone #	Medical Fund (Private)

# **Privacy & Safety**

Permission for self sign-in/out (15 years or above)

#### Self Sign in/out

YesNo

# 4) Consent - Required for all participants

Ministry Area - Please indicate the areas in which your child is involved \*

Mount Isa Baptist Church	
Boy's Brigade	
Tip: Mount Isa Baptist Church includes: Sunday School, mainly music, Youth Activities	

#### **Children & Youth Consent**

I 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 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.

#### **Boys' Brigade Consent**

I hereby consent to my son participating in The Boys' Brigade Australia, 1st Mount Isa Company program for the year and the Officers and leaders to provide/arrange transport for BB related events for my son. I will ensure that;

- he attends regularly
- pay membership fees as they become due
- the return of any property of the Company when he leaves
- notify an Officer if any information on this form changes

I have an understanding of The Boys' Brigade program and acknowledge, despite precautions and supervision, that accidents happen. I accept full responsibility and indemnify The Boys' Brigade, Mount Isa Baptist Church and their leaders and servants against any cost, damage or action for any medical, hospital and dental treatment necessary and authorise the Officers operating the activities to act on my behalf.

I understand that the information collected on this form will be used for the purposes of fulfilling the Boys' Brigade Australia objectives and duty of care for my child and will be treated securely and not be passed on for commercial purposes.

I have ensured the information I have provided is accurate. I have supplied full health and dietary information and provided details of emergency contacts.

Do you agree to the statement of consent that is relevant to your child?

Agree to consent

Yes

No

Parent / Caregivers Name & Signature (Name only if digital)

Form Date

dd/mm/yyyy