

Children's Ministry Medical Information/Consent Form

This form is intended to assist the leaders in case of any medical emergency during the course of participation in any children's or youth ministry activity. Please complete fully and return as soon as possible. This form is to be filled out by the parent/guardian of the participant

Parent's/Guardian's Name:

Phone: _____ Mobile: _____

Address: _____

Postcode: _____

Participant's Name: _____

Phone: _____ Mobile: _____

Address (if different to above) : _____

Postcode: _____

Date of Birth: _____ School Year _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Address: _____

Phone: Home _____ Mobile _____

Doctor/ Health Contact

Name of Family Doctor: _____ Phone: _____

Address: _____

Postcode: _____

Medicare No: _____

Health Care Card No: _____

Medical/Hospital Fund: _____ Membership No: _____

Are you an ambulance subscriber? Yes/No Membership No: _____

Are there any medical conditions the leaders need to be aware of (e.g. diabetes; asthma; ADHD; Travel sickness; Epilepsy; Allergies, Other - please specify):

(Please discuss any special concerns or action plan to be followed in an emergency with a leader at the time of registration.)

Will the participant have any medication? Yes/No

If yes please attach details (tablets, injections, dosage)

Who is to administer the medication? Child Leader Other _____

Does the participant have any special food requirements? Yes/No

If yes please give details

Permission:

I consent to my child's participation in the activities I have received notification of. I will encourage my child to participate and co-operate with the leaders and other participants.

I do/do not give permission for my child to be transported in private cars arranged by the leaders of the above named group.

I authorise the leader/s in charge of any activity conducted by Aspendale Presbyterian Church to consent on my behalf, where it is impractical to communicate with me, for my child to receive medical or surgical treatment as may be deemed necessary. I am also responsible for the cost of any medical treatment deemed necessary.

I understand there may be photographs and or video footage of my child during this activity and am willing for my child to be so filmed in appropriate settings. I am also willing for these photos or footage to be used to promote the ministry in a way that does not identify their name or details.

Names of people allowed to collect my child in the event that I am unable: _____

(If a person other than the parent or authorised persons named above is to collect the child on a particular day, permission must be given in person by the parent on the day.)

Signed: _____ Date: ____/____/____

(Parent/Guardian)