

KYCK

Permission Form

Church details

Church: _____

Child's details

First name: _____ Last name: _____

DOB: _____ Gender: Male Female

Address: _____

Suburb: _____ Postcode: _____

Child's mobile: _____ Home number: _____

School: _____ School year: _____

Parent details / emergency contact

Parent name: _____ Parent number: _____

Parent name: _____ Parent number: _____

Address: _____

Suburb: _____ Postcode: _____

Health information

Doctor: _____ Doctor contact: _____

Medicare No: _____ Card reference No: _____

Private insurer: _____ Membership No: _____

Can your child swim?: No Reasonably Strong

Date of last tetanus: _____

Health information cont.

Allergies / medication / special diet / activity restrictions / behavioural issues: Yes No

Additional details: _____

The leadership team of the aforementioned group will treat the information contained confidentially. This information may be shared with a third party when it concerns medical health or care of the individuals listed. If you wish to access this information or have any queries in relation to the manner in which we handle your personal information, please do not hesitate to contact us.

Restrictions

Is there anyone who is legally restricted from seeing your child: Yes No

Additional details: _____

Permission

My signature below indicates that:

- I consent to my child attending KYCK at Katoomba Christian Convention on _____ (date)
- I understand that my child will be attending under the supervision of _____ (leader) from _____ (church)
- I appreciate that every care will be taken by the leaders of the youth group.
- I give permission for my child to ride in leaders' cars during the weekend.
- I understand there will/may be photographs and or video footage of my child taken during this camp to promote the ministry.
- I give permission, in the case of a medical emergency, to the doctor chosen (either by the church authorities or other persons supervising or administering the activities), to secure proper treatment for and/or order hospitalisation, injection, anaesthetic or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

Name: _____ Date: _____

Signature: _____