

# KYCK 2025

## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_