



Youth & Children's Information Form 2019

Important information regarding health, confidentiality and permission

Child's name: _____

Emergency Contact (if parent/guardian cannot be reached):

Name: _____ Relationship to child: _____

Phone Numbers: _____

Medicare Number: _____ Private Health Insurance Details: _____

Date of last Tetanus Booster: ___/___/___

Allergies: Yes No

If yes, please give details of allergies and treatment plan.

Does your child have special dietary requirements? Yes (Please give details) No

Does your child take any medications we need to be aware of? Yes (Please give details) No

Operations or serious illnesses : Yes (Please give details) No

Is there anyone legally restricted from seeing your child? Yes (Please give details) No

Parents, please read and sign the following

My signature below indicates my willingness to permit my child:

- To participate fully in **ZONE** (Friday afternoon group for Years 5 & 6)
 FRESH (Friday night youth group for Years 7-12)
- I allow the leaders of the above ministry to take photographs and video footage of my child for promotional material and end of year video.
- I allow leaders of the above ministry to contact my child via letter, phone, and/or Facebook (Fresh only) for the promotion of the youth group activities.
- In the case of a medical emergency, I hereby authorise the Doctor chosen by the church authorities or other persons supervising or administering the youth/children's activity, 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.
- I am happy to go on the Fresh Supper Roster (Fresh parents only)

Parent or guardian's signature certifying acceptance of all these conditions:

Sign: _____ Date: ___/___/___

Name: _____ Parent / Guardian

PLEASE RETURN to Leigh Zadro (**FRESH**) leigh@allsaintsepping.org
PLEASE RETURN to Emily Cooper (**ZONE**) emily@allsaintsepping.org

or

Mail completed form to the church office at
295 Malton Rd, North Epping, NSW, 2121
Church Office: 9876 3733



General Details to be completed by everyone who comes to FRESH & ZONE

Child's Name: _____

Age: _____ Date of Birth: ___/___/___ Male Female

Address: _____

Suburb: _____ Postcode: _____

Current School Year: _____ School: _____

Child's mobile (high schoolers only): _____

Parents / Guardians

Name: _____ Name: _____

Mobile: _____ Mobile: _____

Email: _____ Email: _____