



Youth's Indemnity & Permission Form for 2012

(Derived from Baptist Union of Victoria's Children's Indemnity & Permission Form)

Name of Group: Youth Ministry, Croydon Hills Baptist Church

Child's details

Name:

Date of birth:/...../..... Year Level

Address:
.....

Phone: (H) Email:

Alternate Emergency Contact:

Name: Relationship to child:

Phone:(H)(w)(M)

Please give details of a) any person/s not permitted to contact or collect your child/ren while in the care of the above named group and b) any Court order related to such:

.....

I consent to my child becoming a member of the above group. I will encourage my child to attend and participate regularly and to cooperate with the leaders and other children.

I authorise the leader in charge of a Youth Activity to arrange for my child to receive such first aid, medical or surgical treatment as the leader may deem necessary at any time during activities. I further authorize the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgment it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I agree to reimburse Croydon Hills Baptist Church or other parties for all damage to property or equipment caused by my child.

There may be occasions when it is necessary to transport children or to walk to nearby facilities:

- I DO/DO NOT give permission for my child (as above named) to participate in activities outside of the normal meeting complex.
- I DO/DO NOT give permission for my child (as above named) to be transported in private cars arranged by the leaders of the above named group.

I DO/DO NOT give permission for Croydon Hills Baptist Church to publicise and print my child's name or photographic likeness and use any video footage that is documented from youth events in any form.

Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____

CONFIDENTIAL MEDICAL REPORT

The information below is requested to assist in case of any illness or accident, and will be held in confidence.

a) Please tick if your child suffers from any of the following:

- heart condition sleepwalking
- blackouts migraine
- asthma travel sickness
- other (*please specify*)

b) Is your child presently taking medication? If yes, please state the name of the medication, dosage, etc.

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c) Please tick if your child is allergic to any of the following:

- Penicillin Bee Stings
- other drugs (*please specify*)

d) Last tetanus immunisation:

e) Medicare No:

Medical/Hospital Fund:

Contribution No:

f) Name of family Doctor: Phone:

g) Name of Dentist: Phone:

Please list any physical or special needs: (eg. Dietary requirements, food allergies)

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Please complete and return to:

Cameron Haig
Youth Pastor
Croydon Hills Baptist Church