

1.1 Participant Information Form



Church name: 360 Church Program name: _____

General information

Participant's name: _____ Date of birth: _____

Parents' or guardians' names: _____

Home phone no: _____ Mobile: _____

Email: _____

Medical information

Please list any medical conditions or allergies, and any medication or special care they require.

Dietary restrictions: Is your child on a restricted diet?

Yes

No

If yes, please indicate foods or beverages your child should not consume:

In case of emergency - contact numbers:

Name: _____ Relationship to child: _____

Phone: (h) _____ (m) _____

Name: _____ Relationship to child: _____

Phone: (h) _____ (m) _____

Authorisations

- I authorise the leader in charge of the above-mentioned group to arrange for my child to receive such first aid and medical treatment as a trained first aid person may deem necessary.
- I authorise the use of calling an ambulance 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.

Please read the follow statement and tick the boxes from which you wish to preclude your children:

- I DO NOT give permission for my child to participate in activities outside of the normal meeting complex except where they are within reasonable walking distance.
- I DO NOT give permission for my child to be transported in private cars arranged by the leaders of the above-named group.
- I DO NOT permit photos taken of my child to be displayed on notice boards in the church.
- I DO NOT permit photos taken of my child to be displayed in church publications, e.g. website, newsletters, brochures, etc.

If I am unable to collect my child at the finishing time they may be transported home from the program with the following people:

Signature of parent/guardian: _____

Name: _____

Date: _____