## A close up of a logo  Description automatically generated

**Participant Information Form (SAMPLE)**

Child Information

Program Name

Surname First names

Date of Birth Male/female

Parent /Caregiver Information

Surname First names

Address

Mobile Phone Email

Home Phone Work Phone

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

Surname First names

Relationship to Child

Mobile Phone Home/Work Phone

Surname First names

Relationship to Child

Mobile Phone Home/Work Phone

Authorisations

I authorise the leader in charge of this program/event 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 following 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 church facilities 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 Ministry Coordinator / Program Leader.

I DO NOT permit photos taken of my child to be displayed on notice boards at church.

I DO NOT permit photos taken of my child to be displayed in publications, e.g. website, newsletters, brochures, etc.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Signature

Version 20200316

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