

All Saints Youth Ministry Behaviour, Consent and Medical Information Form



Personal Details

Surname: _____

Child's Given Name: _____ D.O.B: ___/___/___

Parents/Guardian's Names: _____

Address: _____

Medicare No: _____ Phone No: Home _____

Child's E-mail: _____ Parent's E-mail: _____

Child's Mobile: _____ Parent's Mobile: _____

Safety and Care Details

a) Are there any conditions which require special attention we should know about? Please list below

b) Is your son/daughter allergic to any food or medication? **YES / NO**

Emergency Contact

If I cannot be contacted, please contact the following person:

Name: _____

Relationship to 'Youth' member: _____

Home phone: _____ Mobile phone: _____

DECLARATION:

**IMPORTANT: 'PLEASE ENSURE THAT YOU MARK THE CORRECT RESPONSE
IN EACH PARAGRAPH BELOW AND OVER THE PAGE'**

Behaviour: I agree to my **son/daughter** taking part in 'Altitude' at All Saints Catholic Parish, Albany Creek, and agree to him/her taking part in the Youth Ministry activities and events. I acknowledge the need for responsible behaviour and obedience on **his/her** part. I acknowledge that should my child's behaviour be deemed inappropriate, I may be contacted and asked to collect **him/her** without notice.

Medical Treatment Consent: I give permission for All Saints Parish, authorised Staff and Volunteers to obtain emergency medical, hospital or ambulance assistance and/or treatment for my child at any time they consider necessary. I understand that every effort will be made for myself to be notified before instituting such procedures. I agree to pay for any medical, hospital or ambulance expense incurred in the treatment of my child. I give permission for Paracetamol to be administered to my child if deemed necessary.

Indemnity: I understand that while every reasonable precaution will be undertaken to ensure protection of my child, I hereby release All Saints Parish authorised Staff and Volunteers from any and all liability in the event of any injury, accident, misfortune, damage or loss that may occur to my child and/or their property while participating in youth events. Further I indemnify All Saints Parish, authorised Staff and Volunteers from and against all loss, including legal expenses connected with or arising from any claims or demands in relation to my child's attendance, including leaving the venue without permission.

Involvement Consent: I give permission for my child to participate in activities **he/she** may choose while attending youth events.

Travel: For off-campus events, I **do/do** not give my permission for my child to be driven in private vehicles (refer to ASP012 – Policy on Driving Children), coaches, or to travel on public transport (in all instances youth will be supervised by a youth leader/adult holding a blue card and a separate permission form will still be required).

Photograph Authority: Youth events will be captured in photographs, video and audio. I **do/do not** give my permission for child's photographs, video or audio to be used for promotional purposes. I **do/do not** give my permission for my child's photographs, video and audio to be used for posterity.

Privacy Declaration: I understand that All Saints Parish may collect information about my child for the purpose of providing promotional material, and that they will not pass information on to any other organisation. I consent to these details being used for the promotion of events and resources via post, phone, email and sms. Youth events will be captured in photographs, video and audio. I am happy for these to be used for promotional purposes and for posterity.

I have read and accept all of the above conditions.

Name: _____ Signature _____

Date: ____/____/20____