

Protecting your family, and your family's privacy

Protecting your family's privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administer you and/or your child/ren's involvement in our program/s. We keep your family's information confidential, and provide it only to those agents acting on behalf of St Michael's Lutheran Church who need it to enable them to perform their agreed activities (e.g. First Aid officer, Program Leader, promotion etc.). We will not use your information for other purposes unless given written consent from you. We only ask for information that is necessary for the purposes outlined in this document. In some circumstances, if you don't provide us with all requested information, your child/ren may miss the opportunity to be involved.

1. Personal Contact Details:

Parent 1 details		Parent 2 details:	
Name		Name	
Address		Address	
Hm Phone		Hm Phone	
Mobile		Mobile	
email		email	

In the case of an emergency please contact:

Name:

Relationship:

Address:

Phone Number:

School/s where children attend:

General Medical Information: Please give details where applicable:

IMPORTANT: Please note that in regards to non-prescription medications such as paracetamol (e.g. Panadol), it is our policy that team members do not provide or keep any medications in stock. Senior First aid officers can only administer participant supplied medications upon your consent.

Medicare Number:

Do you have ambulance cover: Yes / No

Insurance Provider:

Membership Number:

Health Care Card:

Family Doctor:

Address:

Ph Number:

Family Dentist:

Address:

Ph Number:

Will your child/ren need to take any medication (prescribed or not) that will need to be administered during the course of the program/s? Yes / No

** If 'Yes', please give your child's name, details of the medication, when required, dosage and when to be taken.*

General Consent:

1. Do you consent to you and/or your child/ren's (if in high school) contact details being included on a contact list given to participants? Yes / No
2. Do you consent to updates, information and promotions pertaining to Child, Youth & Young Adult Ministry at St Michael's, being emailed or texted to you (or your child/ren if in high school)? *N.B This is an important way we keep in contact with you (or your child if in high school) about upcoming events and topics of interest to you and your family.* Yes / No
3. Do you consent to the appropriate use of photographs and/or video footage taken during the events/meeting that includes your child/ren? (N.B – no children's names will be published or posted) Yes / No
E.G.: Photos in documents like the weekly bulletin or 'Messenger' or posted on St Michael's Website or Facebook (Youth Ministries only); copies of video footage of 'performed' worship pieces at church to give to families of children in the said worship piece.





If your child has any of the following please record the reference number in the table below.

1.	Asthma	2.	Appendicitis	3.	Bronchitis	4.	Chicken Pox	5.	Diabetes
6.	Ear Infections	7.	Epilepsy	8.	Fits/Convulsions	9.	Faint / Dizziness	10.	Glandular Fever
11.	Hyperactivity	12.	Hypo activity	13.	Heart Problems	14.	Measles	15.	Mumps
16.	Pneumonia	17.	Tonsillitis	18.	Other Please list:				

Child's Name	Gender	Date of Birth	Age	School year	Area of Involvement					Is your child Vaccinated?	Year of last Tetanus injection if known	Does your child have any conditions listed above?	Does your child have any Allergies or intolerances? If yes please list.
					Kids' Church	Youth: Igniter / Thrive	Can they swim?	Young Adults	Can they swim?				
	M / F						Y / N		Y / N				
	M / F						Y / N		Y / N				
	M / F						Y / N		Y / N				
	M / F						Y / N		Y / N				

Youth and Young Adults: I give consent for my child/ren's email address to be included on the distribution list for Youth. This is solely for the purpose of advertising events. **Yes / No**

Name: _____ email address: _____ Mobile: _____
 Name: _____ email address: _____ Mobile: _____
 Name: _____ email address: _____ Mobile: _____

Your Agreement with St Michael's Lutheran Church: I am aware, in signing this document regarding my child's participation in this program, that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers may exist in the activities in which my child will be participating. I acknowledge that while St Michael's and its leaders will make every reasonable effort to minimise exposure to risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the organisation, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

1. I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.	2. I further authorise qualified practitioners to administer anaesthetic if required.
3. I accept all operation, blood transfusion and/or risk involved in the event such procedure is deemed necessary	4. I accept the responsibility for payment and agree to pay medical, transport and any other related expenses
5. I confirm that the information contained in this application is true and correct	6. I agree to inform the leader of any changes to these details.

Name: _____ Signature: _____ Date: _____