



SOUTH COAST LIFE CHURCH

Ministry Information Form

Personal Details				
Participant's Name		Date of Birth		
Parent/Guardian Name		Phone		
Parent/Guardian Email				
Dietary Issues				
Are there any foods or beverages that your child can not consume?			YES	NO
If yes, please list the foods or beverages that your child can not consume.				
Medical Conditions				
Does your child have any medical conditions or allergies that require medications or special care?			YES	NO
If yes, please list the medical conditions or allergies. If they have any asthma or anaphylactic management plans please attach a copy.				
Emergency Contacts				
Please list two emergencies contacts				
Name	Relationship to Child	Home Phone	Work Phone	Mobile
1.				
2.				
Authority				
I authorise the leaders of the group to arrange for my child to receive any such first aid and medical treatment as a trained first aid person may deem necessary.			YES	NO
I authorise the leaders of the group to call an ambulance for my child in the event of an emergency.			YES	NO
I accept responsibility for payment of all expenses associated with such treatment.			YES	NO
I give permission for my child to participate in activities outside of the normal meeting complex where they are within a reasonable walking distance.			YES	NO
I permit photos taken of my child to be displayed in Church publications e.g. social media, website, newsletters, brochures, etc.			YES	NO
I give permission for my child to be transported in a private car as arranged by the leaders of the group.			YES	NO
If I am unable to collect my child at the finishing time, they may be transported home with the following people:				
Name				
1.				
2.				
Signature		Date		

Adopted by Elders on