



Presbyterian Church Of Queensland Under 18 Enduring Permission

CHURCH NAME: _____

Parent/Guardian Information

Surname: _____ Given Name: _____

Mobile Number: _____ Home Number: _____

Address: _____

Email: _____

Emergency Contact Name: _____

Relationship To Child: _____ Ph Number: _____

Privacy Declaration

I give permission for appropriate photos/videos of my child/ren taken during the program to be displayed in a public place (e.g. church publication, presentation, internet site, approved social media platform) unless I explicitly advise otherwise.

I give permission for the personal details given herein to be provided to appropriate leaders and/or relevant medical/emergency services as deemed necessary.

I understand the details given herein will be used by leaders to contact myself and/or my child/ren and that the details will not be given to any third party, except as provided above.

Authorisations & Expectations:

By completing this form, I hereby give permission for my child/ren to attend all scheduled activities this year, unless we explicitly advise the leadership team otherwise.

In doing so I undertake to provide the leaders with any information relevant to the wellbeing of my child/ren prior to them attending any and all scheduled activities.

I authorise our child/ren to travel in a car driven by an approved leader or an approved parent, unless we explicitly advise the leadership team otherwise. (Your children will not be in a vehicle driven by a learner licence holder.)

I understand that every effort will be made to provide a safe environment, however in signing this form I authorise the leaders, in the event of an emergency, to obtain at my expense any medical, ambulance, rescue or other services considered necessary.

I also acknowledge that being part of a community involves mutual care and consideration, and therefore agree that unacceptable behaviour may result in my child/ren being sent home &/or being temporarily or permanently prohibited from attending the activities of this group.

PARENT/GUARDIAN SIGNATURE

DATE

Child Information

Program/s: _____

Child First Name: _____ Child Last Name: _____

Sex: Male Female

Child Main Residential Address:

Only provide if different from address given in Parent/Guardian Information.

Birth Date: _____ School Year: _____

School: _____

Child Medicare Number: _____ Position on Card: _____

Does your child any medical, dietary or care issues that the Ministry Coordinator should know about?

NO YES *If yes, please provide details below or attach separate sheet, if required. For allergies, please indicate their severity i.e., mild, moderate, severe or anaphylactic, what triggers the reaction (inhalation, physical contact, ingestion) and how the reaction presents in your child.*

Is your child subject to a custody order? YES NO

If YES, please provide details to the Ministry Coordinator or Minister.

I would like my child to receive reminders about upcoming events via SMS and/or EMAIL. YES NO

If yes, please provide information for your child:

Child Mobile: _____

Child Email: _____