



Sylvania Anglican Church Youth Ministry General Permission Form

STUDENT DETAILS:

Name: _____ Age: _____ DOB: ____/____/____ Male Female

Address: _____

Suburb: _____ Postcode: _____ Home Phone: _____

Current school year : _____ School: _____

For electronic communication with my child (such as event reminders) I include the following details:

Child's Email Address: _____ Child's Mobile Number: _____

PARENT/GUARDIAN DETAILS:

Name : _____ Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email Address: _____

Church and Denomination of you attend (if applicable) : _____

CHILD'S HEALTH INFORMATION

Emergency contact (if parent/guardian cannot be reached):

Name: _____ Mobile Phone: _____

Family Doctor : _____ Suburb : _____ Phone : _____

Medicare No: _____ Card reference No: _____ Expiry date: _____

Health Ins Co: _____ Membership No: _____

Date of last tetanus booster: ____/____/____ Ambulance Membership: Yes No

Describe in full any allergies (drugs, food, environment) and the medication taken _____

Is the child on a special diet ? Yes No. If yes, please provide details:

Does the child take any medication? Yes No. If yes, please outline dosage, purpose & times:

PLEASE TURN OVER FOR MORE QUESTIONS...

Operations or serious illness Yes No If yes, please detail date and type:

To protect from possible embarrassment, does your child wet the bed or walk in his/her sleep? Yes No.

If the child is restricted from any activity, please note the restriction and specify the condition involved:

Does the child have a disability (i.e. physical/mental/learning/emotional)? Yes No. _____

Can he/she swim? Yes No. How many metres : _____

Does the child have a known behavioural problem? Yes No. (If yes, please give details below.)

Is there anyone who is legally restricted from seeing the child ? Yes No If so, name of person:

I give permission for photos or videos of my child to be taken for advertising the group Yes No

OTHER ADDITIONAL DETAILS:

Parents please read, sign and date the following:

My signature below indicates my willingness to permit my child:

- to participate fully in a youth activity associated with the parish church of Sylvania, including SLICE (Sunday mornings from 10.00 to 11.30am) and/or JOLT (Sunday afternoons from 4.30 to 6.30) and any other associated activities related to the youth ministry. Normally these scheduled events will operate within the church property, although from time to time the activity may occur within walking distance of the church, in which case the student will be transported on foot under the continued supervision of the leaders.
- In the case of a medical emergency, I hereby give permission to the Doctor chosen by the church authorities or other persons supervising or administering the youth/children's activity, to secure proper treatment for and/or order hospitalisation, injection, anaesthetic, or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

PARENT OR GUARDIAN'S SIGNATURE CERTIFYING ACCEPTANCE OF ALL THESE CONDITIONS

✍️ Sign : _____ Date : ___/___/___

The leadership team of Sylvania Anglican Church will treat the information contained confidentially. This information may be shared with a third party when it concerns medical health or care of the individuals listed. If you wish to access this information or have any queries in relation to the manner in which we handle your personal information, please do not hesitate to contact us.

The latest version of this form can always be found at www.sylvaniayouth.org/files/generalpermission.pdf