



Corowa Baptist Church
77 Tower Street
Corowa 2646
Ph / Fax: 02) 6033 2468



COROWA BAPTIST CHURCH CHILD INFORMATION FORM

General Information

Child's Name: _____ Date of Birth: _____ Grade: _____

Parents' or Guardians' Names: _____

Residential Address: _____

Home Phone Number: _____ Mobile: _____

Email: _____

School Attended: _____

Medical Information:

Please list any medical conditions or allergies you child experiences, and any medication or special care they require.

Is your child on a restricted diet? Yes No

If yes, please provide details of any food or beverages your child should NOT consume:

Emergency Contact Details:

Emergency Contact 1	Emergency Contact 2
Name:	Name:
Relationship to child:	Relationship to child:
Phone:	Phone:
Mobile:	Mobile:
Work:	Work:

I authorise the leader in charge of the above mentioned group to arrange for my child to receive such First Aid, medical or surgical treatment or to call an ambulance as the leader may deem necessary at any time during the program. I accept responsibility for payment of all expenses associated with such treatment.

Name: _____ Signature: _____ Date: _____

Please circle the appropriate response to the following:

I **DO / DO NOT** give permission for my child to be transported in private cars arranged by the leaders of the above named group to youth group activities held offsite (all leaders have filled in a 'Volunteer Driver Information' form and carry either comprehensive or third party property insurance).

I **DO / DO NOT** permit photos taken of my child (without their name) to be displayed on notice boards in the church.

I **DO / DO NOT** permit photos taken of my child (without their name) to be displayed in church publications (E.g. Church website, newsletters, brochures etc.)

I understand my child is to be signed in and out upon arrival and departure. If I am unable to collect my child at the finishing time I authorise them to be transported home from the program with the following people (*Please note, there must always be two leaders present in a car with children, so it may not be possible at all times for leaders to provide lifts home*)

Signature of Parent / Guardian: _____

Name: _____ Date: _____

Thank your for providing this important information. The safety and well-being of the children and young people is our primary concern. This form will be kept in a secure location in accordance with privacy legislation.