



Child's Name: _____

School Grade: _____

PLEASE UPDATE ANY CHANGES ON THIS FORM OR NOTIFY US OF ANY OTHER MATTERS YOU CONSIDER IMPORTANT FOR US TO KNOW ABOUT THIS YOUNG PERSON.

INVOLVEMENT: ALL (Sunday Programs/ Salt/ Salt lite/ GOOD NEWS WEEK)
or SUNDAY PROGRAMS Salt Salt lite GOOD NEWS WEEK

Household Information

Parents' / Guardians' Name:

Contact's Name: Primary Contact

Email:

Phone:

Full Address:

Contact's Name: Primary Contact

Email:

Phone:

Child Information

Name:

Family Position:

Gender:

Date of Birth (dd/mm/yyyy):

Age:

School:

NOTIFIED ALLERGIES

NOTIFIED MEDICAL NEEDS

OTHER IMPORTANT INFORMATION

YOU MUST NOTIFY US IF YOUR CHILD SUFFERS FROM ASTHMA, ANAPHYLAXIS OR OTHER LIFE THREATENING CONDITIONS

PLEASE COMPLETE AND SIGN REVERSE OF THIS FORM



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A Child Safe Environment

One of the core goals of our children and youth programs here at The Lakes Evangelical Church is to provide a safe, secure and loving environment for children and young people in our care.

We know that the parents of children or youth connected into The Lakes community value the high priority placed on ensuring that children and youth have a fun, engaging experience in a safe environment.

The information on this form is collected to ensure that your child's participation is as enjoyable and safe as possible. Failure to supply the information will limit our ability to both care for your child appropriately and provide an environment that is safe and enjoyable. This information will not be used for any other purpose.

Authorisation and Consent

I consent to my child/charge, _____, participating in the programs and/or ministries offered by The Lakes Evangelical Church as indicated above. I understand that the nature of the activities at these programs and/or ministries will include, but may not be limited to, games, devotions, craft and communal eating.

I understand that The Lakes Evangelical Church will take all reasonable measures to ensure the safety of my child while in the care of the relevant ministry. Although all reasonable measures will be taken to identify and minimise risks during these programs, I agree to indemnify and hold harmless The Lakes Evangelical Church and/or any ministry leader/volunteer against all claims, demands, suits and liability of whatever nature and howsoever arising out of the injury to a person/child, irrespective of whether such loss, damage or injury were caused or suffered by me or my minor as a result of participation in the ministry except where a legal duty of care exists.

I understand that every effort will be made by the leader to contact me in the event of any illness or accident.

I hereby authorise the leader, where it is impracticable to communicate with me, to arrange for my child/children to receive such medical or surgical treatment as the leader and a qualified medical practitioner may deem necessary at any time. I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment for all reasonable expenses associated with such treatment.

I consent to this information being added to our church data base and only used for the purposes of ensuring a safe and enjoyable environment for my child when participating in the ministry.

I understand, The Lakes Evangelical Church may use photos or video footage taken of your child for the purposes of promoting the ministry in the context of the wider church. This may include, but is not limited to, the church website and Facebook page, church announcements and advertising brochures. The name of your child will not be posted alongside such photograph(s).

I hereby give consent for _____ travel to and from SALT or SALT LITE events with the group leaders or parents or by means of a fully licensed bus charter on occasions where our program may operate at a location other than the Berkeley Vale High School. I understand that I will be notified when this will occur. [THIS PARAGRAPH APPLIES TO SALT AND SALT LITE GROUP PARTICIPANTS ONLY – GRADE 4 TO GRADE 12.]

NAME OF PARENT OR GUARDIAN

SIGNATURE

DATE: / /

Please initial:

I do not give permission for my child to be photographed.