

Personal and Medical Information

Please return this form to the Ministry Coordinator prior to the event



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Privacy

North Pine Baptist Church is committed to protecting your privacy.

We collect the information on this form to ensure that your child's participation in Children's Ministries is as enjoyable and safe as possible. Failure to supply this information will prevent your child's participation in Children's Ministries as we are committed to providing a caring and safe environment.

Personal information collected by us is only used or disclosed for the purpose of running Children's Ministries at North Pine Baptist Church. However, in order to provide a caring and safe environment this information may be used or disclosed to provide emergency health care involving your child.

In an effort to provide the best possible care for your child, we ask to be advised if any of the details in this form change.

Program details

Please circle: Extreme Unleashed Kidzone Soccer Playtime Group Other _____

Grade: _____ School: _____

Personal details

Child's Given Name _____ Surname _____

Preferred Name _____ Male Female Date of Birth _____

Address _____

Suburb _____ Post Code _____

Telephone _____ Mobile _____

Email address _____

Yes No Do you consent to receiving information regarding other upcoming North Pine Baptist Church children and family events?

Yes No Do you consent to appropriate use by us of photographs taken on the program that include your child (ie inclusion in our newsletter, placement on our web page or in a brochure)?

Yes No Do you consent to your child travelling in a leader's car (over 21yrs old), which is comprehensively insured, for medical or necessary program transportation? The Ministry Coordinator will veto all use of any leader's cars and will only request their use if absolutely necessary.

Other

Please provide details of any other relevant information (ie custody issues, physical disabilities, behavioural issues)

Medical details

Does your child have any of the following?

Allergies Yes No Please provide details (eg bee stings, penicillin, aspirin) _____

Dietary requirements Yes No Please provide details (eg lactose intolerant) _____

What was the year of your child's last tetanus injection? _____

Other relevant medical information (eg asthma, bedwetting, migraines, dizzy spells, ADD) _____

Does your child take medication? Yes No

Please provide details (also advise if medication needs to be taken during this program)

Has your child been recently taken off medication? Yes No Please provide details _____

Can we provide your child with paracetamol if required? Yes No

Rate your child's swimming ability Please circle: Poor Fair Good

Are you covered by private medical insurance? Yes No Please provide details _____

Please list your Medicare number _____ Expiry date _____

Emergency contact details

In the case of an emergency, please list telephone numbers where you and a relative or friend may be contacted during the course of the program

Name	Relationship	Telephone	Mobile
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_____	_____	_____	_____
_____	_____	_____	_____

Signature of parents/guardians

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

I recognise that being part of a community involves mutual care and consideration and therefore agree that unacceptable behaviour may result in my child being sent home and/or being temporarily or permanently prohibited from attending the children's activities.

Name _____ Signature _____ Date _____