

## St. Marys Baptist Church – Drop In Centre

### Child / Youth Information Form

*Please fill in this form to enrol your child for the Drop-in Centre for 2020. You can drop the form at school office or at Morris Pharmacy, Sydney St or bring it along to the drop in centre.*

#### PERSONAL DETAILS

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male / Female

School: \_\_\_\_\_ Year/Class: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardians' Names: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

#### MEDICAL INFORMATION

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

\_\_\_\_\_

Is your child on a restricted diet? (*please circle*) Yes No

If yes, please indicate foods or beverages your child should not consume:

\_\_\_\_\_

#### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

#### AGREEMENT

By signing this form you acknowledge that the information you have given us is accurate, you are a parent or legal guardian of the participant, you give permission for named young person to attend and you understand the risks involved in the activities and waive liability.

I authorise the leader in charge to arrange for my child to receive such first aid and medical treatment, as a trained first aid person may deem necessary.

I authorise the use of calling an ambulance if in a leader's judgment it is necessary.

I accept responsibility for payment of all expenses associated with such treatment. Yes No

I give permission for any photos taken to be used for promotional purposes. Yes No

I give permission for my child to walk home by herself/himself. Yes No

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_