

2021 PERMISSION FORM



Family Details

Surname: _____

Parents/ Guardians Names: _____

Home Address: _____

Home Telephone: _____

Mobile: _____

Name of Medical Fund & Details: _____

Privacy Declaration

- I/we give permission for the personal details given herein to be provided to appropriate St John's Presbyterian Church (St John's PC) leaders &/or relevant supervisory/ medical/emergency services personnel as deemed necessary.
- I understand the details given herein will be used by St John's PC leaders to contact myself &/or my children & that the details will not be given to any third party except as provided for above.
- I/we give permission for appropriate photos/videos of my children taken at St John's PC events to be displayed in a public place (e.g. church publication, presentation, church website etc...) unless I/we explicitly advise otherwise.

Authorisations & Expectations

- By completing this form, I/we hereby give permission for my children to attend all scheduled St John's PC activities this year, unless I/we explicitly advise the St John's PC leadership team otherwise.
- In doing so I/we undertake to provide the St John's PC Leaders with any information relevant to the wellbeing of my children prior to them attending any & all scheduled St John's PC activities.
- I/we authorise our children to travel in a car driven by an approved St John's PC leader or a parent approved by an St John's PC leader unless I/we explicitly advise the St John's PC leadership team otherwise.
- I/we understand that every effort will be made to provide a safe environment for my/our children to participate in. However, in signing this form I/we authorise the leaders, in the event of an emergency, to obtain at my/our expense, any medical, ambulance, rescue or other services considered necessary.
- I/we also acknowledge that being part of a community involves mutual care & consideration & therefore agree that unacceptable behaviour may result in my/our children being sent home &/or being temporarily or permanently prohibited from attending the activities of this group.

Signature Of Parent/ Guardian

Print Full Name: _____

Signature: _____ Date: _____

Child 1 – Personal Details



Given Name/s: _____

Gender: _____

School & Year Level: _____ DOB: _____

Mobile Number: _____ Email: _____

Please list Medicare card number and position: _____

Is your child authorised to make their own way to and from St John's PC events

Yes No

Do you authorise your child to be administered paracetamol if required?

Yes No

Care Needs

Does your child have any care, special dietary or custody needs that we should know about?

Yes No

If Yes, please list below.

Include any and all hearing and sight impairment, ADD, ADHD, allergies (eg bee stings, penicillin, aspirin, peanuts, other food), medications, behavioural issues, formal psychiatric counselling, details of custody order, or any other issues that may affect their care and safety. Please attach a separate sheet if needed.

Child 2 – Personal Details



Given Name/s: _____

Gender: _____

School & Year Level: _____ DOB: _____

Mobile Number: _____ Email: _____

Please list Medicare card number and position: _____

Is your child authorised to make their own way to and from St John's PC events

Yes No

Do you authorise your child to be administered paracetamol if required?

Yes No

Care Needs

Does your child have any care, special dietary or custody needs that we should know about?

Yes No

If Yes, please list below.

Include any and all hearing and sight impairment, ADD, ADHD, allergies (eg bee stings, penicillin, aspirin, peanuts, other food), medications, behavioural issues, formal psychiatric counselling, details of custody order, or any other issues that may affect their care and safety. Please attach a separate sheet if needed.

Child 3 – Personal Details



Given Name/s: _____

Gender: _____

School & Year Level: _____ DOB: _____

Mobile Number: _____ Email: _____

Please list Medicare card number and position: _____

Is your child authorised to make their own way to and from St John's PC events

Yes No

Do you authorise your child to be administered paracetamol if required?

Yes No

Care Needs

Does your child have any care, special dietary or custody needs that we should know about?

Yes No

If Yes, please list below.

Include any and all hearing and sight impairment, ADD, ADHD, allergies (eg bee stings, penicillin, aspirin, peanuts, other food), medications, behavioural issues, formal psychiatric counselling, details of custody order, or any other issues that may affect their care and safety. Please attach a separate sheet if needed.
