



# Indemnity, Health & Permission Form

Church/Group: \_\_\_\_\_

## Child's Details

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

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

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

Alternative emergency contact:

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

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (m)

Please give details of a) any person/s **not** permitted to contact or collect your child while in the care of the above named group and b) any Court order/s related to such:

I consent to my child becoming a member of (name of group) \_\_\_\_\_  
I will encourage my child to attend and participate regularly and to co-operate with the leaders and other children.

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 as the leader may deem necessary at any time during the activities of (name of group) \_\_\_\_\_

I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgment it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I agree to indemnify and hold blameless the Baptist Union of Victoria and the Pakenham Baptist Church against all claims, demands, suits and liability of whatever nature and howsoever arising out of the injury to the child, and the relevant activity being undertaken.

There may be occasions when it is necessary to transport children or to walk to nearby facilities.

I DO/DO NOT give permission for my child's photo to be on a poster inside the church.

I DO/DO NOT give permission for my child to participate in activities outside of the normal meeting complex.

I DO/DO NOT give permission for my child to be transported in a private car arranged by the leaders of the above mentioned group.

**Signature of Parent/Guardian:** \_\_\_\_\_

Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

## Confidential Medical Information

The information below is requested to assist in case of any illness or accident, and will be held in strict confidence.

Medicare No.: \_\_\_\_\_ Ambulance Membership No. \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone.: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child suffer from any of the following: (please tick)

Heart Condition  Blackouts  Asthma  Migraines  Epilepsy  Travel Sickness

Other: (please specify) \_\_\_\_\_

Is your child presently taking medication? If yes, please state the name of the medication & dosage, etc \_\_\_\_\_

Is your child allergic to anything? If so, please state what and what reactions they suffer from.

Date of last Tetanus injection: \_\_\_\_\_