

# PARENTAL PERMISSION FORM

Parental Permission Forms are required for any NG Youth Outings, that is, any time NG Youth leaves the Church Building Premises. One Form is required for each individual child. All information will be held with strict confidence.

## CHILD'S DETAILS

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

## PARENT/GUARDIAN DETAILS

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

## MEDICAL INFORMATION

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

a) Please tick if your child suffers from any of the following:

heart condition  sleepwalking  asthma  blackouts  migraines  travel sickness  other (please specify)

\_\_\_\_\_

b) Is your child presently taking medication? If yes, please state the name of the medication, dosage, etc.

\_\_\_\_\_

c) Please tick if your child is allergic to any of the following:

Penicillin  Bee Stings  other (please specify below)

\_\_\_\_\_

d) Last tetanus immunisation:

\_\_\_\_\_

e) Please list any physical or special needs: (eg. Dietary requirements, food allergies)

\_\_\_\_\_

## **SIGNATURE**

I authorise the leaders in charge of the NG Youth to arrange for my child to receive such first aid, medical or surgical treatment as deemed necessary at any time during the activities of NG Youth. 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 harmless the Fresh Hope NSW and Northgate Ministries 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.

I give permission for my child to attend the NG Youth Events for the 2015 Calendar Year.

Signed: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_

Name: (Printed Clearly): \_\_\_\_\_

Please feel free to contact Pastor Ben if you have any queries at any time, Mobile: 0408 432 810

