

MITCHELTON PRESBYTERIAN CHURCH

Enduring Permission Form

To be completed for all children under 18 years



Family Details

Parent / Caregiver 1

Name:	Home Phone:
Email:	Mobile:
Home Address:	

Parent / Caregiver 2 (only include detail that differs from above)

Name:	Home Phone:
Email:	Mobile:
Home Address:	

Emergency Contact (alternative to parent/caregiver)

Name:	Home Phone:
Relationship to child:	Mobile:

Privacy Declaration

- I/we give permission for the personal details given herein to be provided to appropriate mpc leaders &/or relevant supervisory/medical/emergency services personnel as deemed necessary.
- I understand the details given herein will be used by mpc leaders to contact myself &/or my child/ren & that the details will not be given to any third party except as provided for above.

Authorisations & Expectations

- By completing this form, I/we hereby give permission for my child/ren to attend all scheduled mpc activities, unless I/we explicitly advise the mpc leadership team otherwise.
- In doing so I/we undertake to provide the mpc leaders with any information relevant to the wellbeing of my child/ren prior to them attending any & all scheduled mpc activities.
- I/we authorise our child/ren to travel in a car driven by an approved mpc leader or a parent approved by an mpc leader unless I/we explicitly advise the mpc leadership team otherwise. (Your child/ren will **not** be in a vehicle driven by a learner or provisional licence holder.)
- I/we understand that every effort will be made to provide a safe environment for my/our child/ren 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 acknowledge that in the course of some mpc activities appropriate photos or videos may be taken of my/our child/ren by authorised personnel and may be shown to an **internal audience only** (ie, a photo montage at morning church). No other usage will occur without explicit permission given.
- I/we also acknowledge that being part of a community involves mutual care & consideration & therefore agree that unacceptable behaviour may result in my/our child/ren being sent home &/or being temporarily or permanently prohibited from attending this group.
- I confirm that the information provided in this form is true and correct, and will advise mpc of any subsequent changes or additions.

Signature of Parent / Caregiver

Print full name:	
Sign:	Date:

Child 1 - Personal Details

Attending (tick): Kidschurch 9 am Kidschurch 10:30 am Youthchurch 4:30

Name:	M / F:	DOB:
School:	Year Level:	
Email:	Mobile:	
Medicare Number:	Position on card:	

We will keep these details on file so we do not have to ask for them prior to each event, unless you request otherwise. Please advise mpc as soon as practical of any changes to this information.

Authorisations

Do you give permission for your child to make their own way to or from mpc events? Yes No

Do you give permission for your child to take paracetamol if required? Yes No

Do you give permission for your child's photo/video to be taken at mpc events and displayed in mpc publications, presentations or wall displays? Yes No

Do you give permission for your child's photo/video to be taken at mpc events and displayed on the mpc website or facebook page? Yes No

Medical

Does your child have any medical conditions that we should know about? No
prescription medication chronic illness severe allergies other

Dietary Issues

Does your child have any special dietary need that we should know about? No
food allergies eg. nuts other

Care Needs

Does your child have any care or custody need that we should know about? No
subject to a custody order behavioural issues psychiatric care other

If you have ticked any boxes above please provide details:

Child 2 - Personal Details

Attending (tick): Kidschurch 9 am Kidschurch 10:30 am Youthchurch 4:30

Name:	M / F:	DOB:
School:	Year Level:	
Email:	Mobile:	
Medicare Number:	Position on card:	

We will keep these details on file so we do not have to ask for them prior to each event, unless you request otherwise. Please advise mpc as soon as practical of any changes to this information.

Authorisations

Do you give permission for your child to make their own way to or from mpc events? Yes No

Do you give permission for your child to take paracetamol if required? Yes No

Do you give permission for your child's photo/video to be taken at mpc events and displayed in mpc publications, presentations or wall displays? Yes No

Do you give permission for your child's photo/video to be taken at mpc events and displayed on the mpc website or facebook page? Yes No

Medical

Does your child have any medical conditions that we should know about? No
prescription medication chronic illness severe allergies other

Dietary Issues

Does your child have any special dietary need that we should know about? No
food allergies eg. nuts other

Care Needs

Does your child have any care or custody need that we should know about? No
subject to a custody order behavioural issues psychiatric care other

If you have ticked any boxes above please provide details:

Child 3 - Personal Details

Attending: Kidschurch 9 am Kidschurch 10:30 am Youthchurch 4:30 pm

Name:	M / F:	DOB:
School:	Year Level:	
Email:	Mobile:	
Medicare Number:	Position on card:	

We will keep these details on file so we do not have to ask for them prior to each event, unless you request otherwise. Please advise mpc of any changes to this information as soon as practical .

Authorisations

Do you give permission for your child to take paracetamol if required? Yes No

Do you give permission for your child's photo/video to be taken at mpc events and used in **external** advertising material (ie, an event flyer, web banner, Facebook, etc...) for mpc? Yes No

Do you give permission for your child to make their own way to or from mpc events? Yes No

Care needs

To help us care for them well, does your child have any of the following?

prescription medication chronic illness severe allergies

subject to a custody order behavioural issues psychiatric care

food allergies eg. nuts other

Does your child have any care or custody need that we should know about? No

If you have ticked any boxes above please provide details:
