

## PARTICIPANT INFORMATION FORM

Participant's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parents' or guardians' names: \_\_\_\_\_

Home phone no: \_\_\_\_\_ Participant's mobile no: \_\_\_\_\_

Other emergency contacts and phone numbers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL INFORMATION

**MEDICAL CONDITIONS:** Please list any medical conditions or allergies, and any medication or special care your child may require: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: all medication must be clearly labelled with child's name and instructions)*

Doctor's name and phone no: \_\_\_\_\_

Medicare No. \_\_\_\_\_

**DIETARY RESTRICTIONS:** Is your child on a restricted diet? Yes  No

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

\_\_\_\_\_  
\_\_\_\_\_

Please supply any other information that activity leaders may need to know in regards to the safety and well being of your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## PARTICIPANT INFORMATION FORM (CONT.)

**Please read the below statements carefully and tick your response:**

- I authorise the leader in charge of the above-mentioned group 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 it is necessary.
- I accept responsibility for payment of all expenses associated with such treatment.

**Please read the follow statements and tick the boxes from which you wish to preclude your children:**

- I **DO NOT** give permission for my child to participate in activities outside of the normal meeting complex except where they are within reasonable walking distance.
- I **DO NOT** give permission for my child to be transported in private cars arranged by the leaders of the above named group.
- I **DO NOT** permit photos taken of my child to be displayed on notice boards in the church.
- I **DO NOT** permit photos taken of my child to be displayed in church publications, e.g. website, newsletters, brochures, etc.

**Transport authority: If I am unable to collect my child at the finishing time they may be transported home from the program with the following people:** \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_