



Confidential Information / Permission Form 2012



First name	_____	Date of Birth	_____ / _____ / _____
Surname	_____	Gender	M / F
Year @ School	_____	School Attending	_____
Address	_____	Home Phone No	_____
Suburb	_____	Mobile Phone No	_____
Post Code	_____	Email	_____
Medicare No	_____	Family Doctor	_____
Card Ref No	_____	Phone No	_____
Card Expiry Date	_____	Date of last tetanus booster:	_____ / _____ / _____
Health Insurance	_____	Health Insurance No	_____
<u>Emergency Contact</u>		<u>Emergency Contact</u>	
Name	_____	Name	_____
Phone	_____	Phone	_____
Relationship	_____	Relationship	_____

Does this person suffer from anyone of the following: (please tick yes or no). If "yes" please give details (eg. Medications, triggers treatments,) For asthma please detail their management plan.

Condition	Y	N	Details (complete if yes)	Condition	Y	N	Details (complete if yes)
Respiratory Conditions:				Muscular Skeletal Conditions			
Asthma:				ADD/ADHD:			
Allergies				Diabetes:			
Epilepsy or Seizures:				Headaches/Nose Bleeds:			
Heart Problems:				Special Dietary Needs			
Can the participant swim?			Distance in meters? ____	Other			

Please read, sign and date the following

My signature below indicates my willingness to permit my child;

- To participate fully in youth activities associated with the parish church of Concord Community Anglican Church being at Holy Trinity Anglican Church Concord West.
- I give permission for photographs/ videos to be taken of my child for use in DNA. I understand that they will not be used in promotional material such as flyers or web page.
- In case of medical emergency I hereby give permission to the doctor chosen by the church authorities or other person supervising or administering the youth's activities, to secure proper treatment for and/or order hospitalization , injection, anesthetic or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

Name: (please print) _____ Signed: _____ Date: / /