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| Area of ministry child will be registered in:<br>e.g., Kids Church, Praise Dance, Impakt Youth, Youth Bible Study.   |            |  |
| <b>Child -YP's personal details:</b> Please use the multiple children -Young Person form if > one child in family  |            |  |
| First Name:  | Last Name: | M F  |
| Preferred Name:  | D.O.B. / / | Phone:   |
| Address:   |            | Mobile:  |
| Suburb:  | Postcode:  | Email:   |
| <b>Medical Details:</b> Does your child / YP have any of the following? Please provide any health management plans   |            |  |
| Allergies (e.g., bee stings, penicillin, aspirin):   |            |  |
| Dietary requirements (e.g., Lactose, gluten and/or sugar intolerant):  |            |  |
| Other relevant medical information (e.g., Asthma, Diabetes, Anaphylaxis, Migraines, ADHD, ASD, Speech):  |            |  |
| If Asthma – has it required hospitalization in the past?   | Yes<br>No  | Details:<br>Is there an Asthma Management Plan? Yes. No<br>Attach Asthma Management Plan if applicable |
| Has hospitalisation for Anaphylaxis been required in the past?   | Yes<br>No  | Details: Is there an Anaphylaxis Plan? Yes. No<br>If yes, please attach                                |
| Are there self-administered medications that may be taken?<br>Medication administration details:<br><br>Is there a Medical Health Plan? Yes. No. Attach Medical Health Plan if applicable.   |            |  |
| What was the year of your child's last tetanus injection?  |            | Medicare number:   |
| <b>Emergency Contact Details</b>   | Contact 1  | Contact 2  |
| Contact Name   |            |  |
| Relationship to child  |            |  |
| Phone number   |            |  |
| Mobile phone number  |            |  |
| <i>I/We understand that every effort will be made to provide a safe environment for my/our child to participate in. However, in the event of an emergency I/we authorise the leaders to obtain at my/our expense, any medical, ambulance or similar services that are considered necessary by the leaders.</i> |            |  |

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| <b>Child -Youth pick up</b>   | Please respond to the following  |       |
| I/We ask that my/our child be collected from the various activities only by the following people, unless I/we notify you of prior arrangements that have been made. |  |       |
| Name:   | Contact No.  |       |
| Name:   | Contact No.  |       |
| Name:   | Contact No.  |       |
| <b>Child Safety Code of Conduct</b>   | <p><i>Church Policy / Protecting People/Forms site below:</i><br/> <a href="http://beenleighbaptist.org/church-forms/">http://beenleighbaptist.org/church-forms/</a></p> <p>I/We have read and agree with Beenleigh Baptist Church's Child Safety Code of Conduct.</p> |       |
| <b>Child's Conduct</b>  | I/We recognise that being a part of our community involves mutual care and consideration and therefore agree that unacceptable behaviour may result in my/our child being returned to parents.   |       |
| <b>Photography</b>  | I/We do/do not give permission for my/our child to be photographed and the photos used by Beenleigh and District Baptist Church.   |       |
| <b>Social Media</b>   | I/We do/do not give permission for my/our child to be photographed and the photos/videos used on social media by Beenleigh and District Baptist Church.  |       |
| <b>Signature of parents/guardians</b>   |  |       |
| Name:   | Signature:   | Date: |
| Name:   | Signature:   | Date: |