



## YOUTH MUSTER 2017 PERMISSION FORM

Parish/church name \_\_\_\_\_ Group Name: \_\_\_\_\_

### DETAILS OF CHILD:

Name : \_\_\_\_\_ Age : \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

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

Suburb : \_\_\_\_\_ Postcode: \_\_\_\_\_ Ph (Home): \_\_\_\_\_

Parent/guardian Name : \_\_\_\_\_ Ph (Home): \_\_\_\_\_ Ph (Work): \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Childs Current school year : \_\_\_\_\_

### CHILD'S HEALTH INFORMATION

Emergency contact (if parent/guardian cannot be reached) — Name : \_\_\_\_\_ Phone : \_\_\_\_\_

Mobile: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Card reference No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Describe in full any allergies (drugs, food, environment) and the medication taken

Is the child on a special diet ?  Yes  No. (If yes, please give details below).

Does the child take any medication?  Yes  No (If yes, please outline dosage, purpose & times below)

Operations or serious illness (If yes, please detail date and type below)

Does the child have a disability (ie physical/mental/learning/emotional)?  Yes  No. \_\_\_\_\_

Is there anyone who is legally restricted from seeing the child ?  Yes  No Who : \_\_\_\_\_

Please be aware that your child may be included in official videos and photos of the Youth Muster for use in advertising and promotion such as on the Anglican Diocese of Armidale Website and Youth Muster Facebook pages etc.

### Application

#### Parents please read, sign and date the following:

My signature below indicates my willingness to permit my child to participate fully in Diocese of Armidale Youth Muster from Friday the 19<sup>th</sup> of May to Sunday 21<sup>st</sup> of May 2017 at the Bingara Showground and surrounds.

- In the case of a medical emergency, I hereby give permission to the Doctor chosen by the church authorities or other persons supervising or administering the Youth Muster activities, to secure proper treatment for and/or order hospitalisation, injection, anaesthetic, or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

PARENT OR GUARDIAN'S SIGNATURE CERTIFYING ACCEPTANCE OF ALL THESE CONDITIONS

✍ Sign : \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

#### ADDITIONAL DETAILS (noted above):

The leadership team of the Youth Muster will treat the information contained confidentially. This information may be shared with a third party when it concerns medical health or care of the individuals listed. If you wish to access this information or have any queries in relation to the manner in which we handle your personal information, please do not hesitate to contact us.

Diocesan Youth Encourager (Organiser): Tim Stevens. Mungindi Anglican Church. 0402 901 058