

CONSENT FORM

Note: For those under the age of 18, this form is to be completed by parents/guardians prior to the commencement of the programme/event

Youth's Name	Date of Birth:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Address:	Parent's Email Address:	Youth's Cellphone Number:
Parents/Guardian's Name:	Parents/Guardians Phone Number:	Parents/Guardians Cellphone:
Alternate Emergency Contact:	Alternate Emergency Contact Phone Number:	Alternate Emergency Contact Cellphone:
Family Doctors Name:	Doctor's Contact Phone Number:	

PLEASE INDICATE IF YOUR CHILD SUFFERS FROM THE FOLLOWING:

Condition (tick)	Severity	Condition (tick)	Severity	Condition (tick)	Severity
<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Asthma/Sinus		<input type="checkbox"/> Blackouts	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Migraines		<input type="checkbox"/> Sleep walking	
<input type="checkbox"/> Dizzy Spells		<input type="checkbox"/> Heart Condition		<input type="checkbox"/> Travel Sickness	

Other (eg. Any condition not mentioned above or any phobias):

ALLERGIES: (Please specify eg. Medications, food, other - hay fever, bee stings etc)

MEDICATION BEING TAKEN (Please list all and use a separate page if required) *Note: Any medication brought must be kept in original packaging that identifies prescribing physician, name of medication, dosage and frequency of administration.*

Med #1:	Dosage:	When:	Reason:
Med #2:	Dosage:	When:	Reason:

Last Tetanus Immunisation Date: _____ Swimming Ability: _____

LIST BELOW ANY SPECIAL CARE REQUIRED: (eg. Dietary needs, disabilities)

PERMISSION/INDEMNITY SECTION (must be signed by the parent/caregiver of anyone aged 17 years or younger. Over 18 can sign for themselves)

- > I agree to our child/myself taking part in the overall programme/event and the activities of this group.
- > I agree to our child/myself being given appropriate First Aid as required - will be administered and recorded by a designated leader.
- > I agree to our child/myself being transported/picked up/dropped off in Morrinsville Baptist Church vehicles or private/rental vehicles arranged by the youth worker/leader as necessary.
- > I agree to information about our child/myself being collected as required for activity-specific forms, accident/incident report forms and statistical purposes.
- > I agree to the use of photographic/video footage that may be taken of our child/myself during the programme/event and our child's/myself name to be reproduced and published by Morrinsville Baptist Church and its youth ministries.
- > I understand that the youth group is run by Morrinsville Baptist Church, which is part of the Christian Church and as such will run the programme/event on principles and beliefs based on the Christian faith.
- > I understand that all reasonable safety precautions will be taken at all times and that Morrinsville Baptist Church and its Youth Ministries, the youth workers and leaders and those connected with the group cannot be held responsible for personal injury, loss or damage incurred by the participant.
- > I agree to our child/myself being given minor pain relief (eg. Paracetmol) as appropriate - which will be administered and recorded by

Parent/Guardian Signature (if child under 18 years of age): _____ Date: _____

Disclaimer: Personal information collected on this form is to be used for the lawful and necessary purpose of the ministry/programme/event and should not be used for any other purpose.