

Are there any conditions which require special consideration that we should know about, e.g. custody issues, hearing or sight impairment, behavioural issues, formal counselling situations, or any other?

Important: Please note that in regards to non-prescription medications such as paracetamol (e.g. Panadol), it is our policy that leaders do not provide medications.

Will your child need to take any tablets or other medication during the course of the program? Yes No
If yes, please give details:

Has your child been taken off medication recently? *If yes, please give details:*

Emergency Contact Details

Name	Relationship	Telephone	Mobile
_____	_____	_____	_____
_____	_____	_____	_____

Consent

- Yes No Do you consent to receiving information regarding other upcoming North Pine Baptist Church (NPBC) children and family events?
- Yes No I give permission for photo's taken at NPBC events to be used for publicity such as church newsletters, church website, church Facebook accounts and other promotional activities.
- Yes No I have provided all relevant and vital information personal and or medical that may be of benefit whilst my child attends NPBC events and agree to inform NPBC of any change to these details.
- Yes No I am aware, in signing this document regarding my child's participation this program, that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers may exist in the activities in which my child will be participating.
In the event of any emergency I authorise the leaders to obtain medical advice and/or assistance which they deem necessary. I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.

Name of Caregiver _____ Signature of Caregiver _____ Date _____

If other than a parent or guardian, please indicate relationship to child: _____