

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 practice that leaders do not provide these 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, and ask for a Medication Form:

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

Emergency Contact Details – *Persons Other than a Parent*

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 photos and video of my child/ren 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/ren attends NPBC events and agree to inform NPBC of any change to these details, including all information required for COVID safe compliance.
- Yes No I am aware, in signing this document regarding my child/ren 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.
- Yes No I am aware my presence (or a delegated adult representative) is required to sign in and out my child/ren out of all programs, unless communicated otherwise by the program. I give permission for my child/ren from grade 7 to sign themselves in and out of all programs,

Name of Caregiver	Signature of Caregiver	Date
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If other than a parent or guardian, please indicate relationship to child: _____