

## SOS KIDS, YOUTH and YOUNG ADULTS PERMISSION & MEDICAL FORM

### Permission, Privacy & Indemnity (All Information Recorded & Collected According To Privacy Amendment (Private Sector) Act 2000)

I give permission for my child, or if over 18, I register myself, to participate in this activity until further notice (**please tick** Yes  or No ) and give the following permissions pertaining to the activity and release all liability to the activity organisers should I or my child be harmed while participating in said activity including personal property loss, damage or if I or my child leaves the activity area without permission understanding that every reasonable precaution will be used to ensure the safety of myself or my child. **Please Tick Box(es) For Consent of the Following:**

Use of Image for Media purposes Photography & Video  Transport private and church   
Walk to/from activity unsupervised  Collection & Use of Info for Activity Purposes Only

**Parent(s) / Carer(s) / Young Adults (if over 18)** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Personal Details of Child, Youth or Young Adult (PLEASE USE BLOCK LETTERS)

Full Name \_\_\_\_\_ Gender (please tick one) Male  Female   
DOB \_\_\_\_\_ Current Age \_\_\_\_\_  
School \_\_\_\_\_ Year Level \_\_\_\_\_  
Home Address \_\_\_\_\_  
Mobile \_\_\_\_\_ Email \_\_\_\_\_

### Parent(s) / Carer (s) Contacts or Next of Kin (PLEASE USE BLOCK LETTERS)

Parent 1 / Carer 1 / Next of Kin Full Name \_\_\_\_\_  
Mobile \_\_\_\_\_ Phone (hm) \_\_\_\_\_  
Phone (wk) \_\_\_\_\_ Email \_\_\_\_\_

Parent 1 / Carer 1 / Next of Kin Full Name \_\_\_\_\_  
Mobile \_\_\_\_\_ Phone (hm) \_\_\_\_\_  
Phone (wk) \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contacts (PLEASE USE BLOCK LETTERS)

Emergency 1 Full Name \_\_\_\_\_ Relationship To Child \_\_\_\_\_  
Mobile \_\_\_\_\_ Phone (hm) \_\_\_\_\_  
Phone (wk) \_\_\_\_\_ Email \_\_\_\_\_

Emergency 2 Full Name \_\_\_\_\_ Relationship To Child \_\_\_\_\_  
Mobile \_\_\_\_\_ Phone (hm) \_\_\_\_\_  
Phone (wk) \_\_\_\_\_ Email \_\_\_\_\_

The above named persons will be the only authorised persons to have contact with the child whilst participating in the above activity until either written or verbal permission is given from the legal main parent/carer to the authorised person(s).

### Medical Information (NOTE: We do not provide or administer medications)

Please give details of any problems – **Medical or Physical** that could limit you(r) child's full participation in this activity: (PLEASE ATTACH DETAILS AND ACTION PLAN) including any **Food Allergies, Infectious Diseases, Breathing Problems, or Other** Tetanus Up To Date? Yes  No  Immunisations Up To date? Yes  No

**In Case Of Emergency** I authorise qualified medical practitioner perform necessary medical procedures that may include (tick if consent given)  Anaesthetic or calming agents  Pain Relief Medications  Blood Transfusion

**Parent(s) / Carer(s) Signature) / Young Adults (if over 18)** \_\_\_\_\_

**OFFICE USE ONLY** Welcome Pack  T Shirt  Receipt Given  All Sections Completed   
Court Orders  Medical Action Plan Attached  Baptism  Confirmation  FHC