

Indemnity Form 2010

In Children or Youth Ministry in Anglican Parishes in the Diocese of Melbourne
Holy Trinity Doncaster Anglican Church Children's and Youth Ministry- junior CEBS

Medical Information/Consent Form

This form is intended to assist the leaders in case of any medical emergency during the course of participation in any children's ministry activity. Please complete fully and return as soon as possible.

This form is to be filled out by the parent/guardian of the participant

Participant's Name: _____

Phone: _____ Mobile: _____

Address: _____

Postcode: _____ Date of Birth: ____/____/____ School Year: _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Address: _____

Postcode: _____

Phone: _____ Mobile: _____

Doctor/Health Contact:

Name of Family Doctor: _____ Phone: _____

Address: _____

Postcode: _____

Medicare Number: _____ Healthcare Card Number: _____

Medical/Hospital Fund: _____ Membership Number: _____

Please tick if the participant suffers from any of the following:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Migraines | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> ADHD |

Other: _____

Are you an Ambulance subscriber? Yes/No Membership No: _____

Date of last tetanus immunisation: ____/____/____

Has the participant had any recent illness or surgery? Yes/No

If yes please list overleaf or attach details

Recent illness or surgery cont.

Will the participant have any medication?

Yes/No

If yes please attach details (tablets, injections, dosage)

Who is to administer the medication?

Child

Leader

Other: _____

Does the participant have any known allergies, including drug or food allergies?

Yes/No

If yes please list below or attach details

Does the participant have any special food requirements?

Yes/No

If yes please give details

Further comment: _____

Names of people allowed to pick up my child in the event that I am unable: _____

Permission

I consent to my child's participation in the activities I have received notification of. I will encourage my child to participate and co-operate with the leaders and other participants.

I DO/DO NOT give permission for my child to participate in activities outside offsite.

I DO/DO NOT give permission for my child to be transported in private cars arranged by the leaders of the above named group.

I authorise the leader/s in charge of any activity conducted by Holy Trinity Anglican Church Doncaster to consent on my behalf, where it is impractical to communicate with me for my child to receive medical or surgical treatment as may be deemed necessary. I am also responsible for the cost of any medical treatment deemed necessary.

I agree to indemnify and hold blameless the Anglican Diocese of Melbourne and the church leaders conducting this program against all claims, demands, suits and liability of whatever nature and howsoever arising out of injury to the child and the relevant activity being undertaken.

I understand there will/may be photographs and or video footage of my child during this activity and am willing for my child to be so filmed in appropriate settings. I am also willing for these photographs or footage to be used to promote the ministry in a way that does not identify their name or details. My child is also willing for this to take place.

Signed _____

Date ____ / ____ / 2010

Parent/Guardian

Always write in ink, sign and date documentation including alteration, do not use correction fluid to alter any documentation but draw a line through the incorrect area, initial and date alterations made.