

Anglican Church Diocese of Sydney  
PO Box Q412, QVB Post Office NSW 1230

## General Permission Form

EPIC YOUTH MINISTRIES  
ST ALBAN'S ANGLICAN CHURCH, LINDFIELD

### Child's details:

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Male / Female  
Address: \_\_\_\_\_

Phone number: (H) \_\_\_\_\_ (M) \_\_\_\_\_  
Parent/Guardian names: \_\_\_\_\_  
Phone number: (H) \_\_\_\_\_ (H) \_\_\_\_\_  
(M) \_\_\_\_\_ (M) \_\_\_\_\_  
(W) \_\_\_\_\_ (W) \_\_\_\_\_

Please make with a \* the most appropriate **emergency** contact number

Email \_\_\_\_\_  
€ Please do not email or sms me or my child notifications of upcoming events

School: \_\_\_\_\_ Year at school: \_\_\_\_\_

### Health Information

Emergency contact (if parent/guardian can not be reached): \_\_\_\_\_

Phone number: (H) \_\_\_\_\_  
(M) \_\_\_\_\_  
(W) \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Suburb: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare no: \_\_\_\_\_ Reference No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Health insurance: \_\_\_\_\_ Membership No: \_\_\_\_\_ Ambulance cover: Y / N

Last Tetanus booster: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Describe in full any allergies (food, drug, environmental) and the medication taken:

Is your child on a special diet? Y / N (if yes please give details below)

Does your child take any medications? Y / N (please outline dosage, purpose & times below)

Please detail any operations or serious illness below.

To prevent possible embarrassment, does your child wet the bed or sleep walk? Y / N

If your child is restricted from any activity, please note the restriction and specify the condition involved:

Does your child have a disability (physical, mental, learning, emotional)? Y / N

Can your child swim: \_\_\_\_\_ How many metres? \_\_\_\_\_

Does your child have behavioural problems? Y / N

Is anyone legally restricted from seeing this child? Y / N If so, who: \_\_\_\_\_

I give permission for photo/video of my child to be taken that may be used when advertising the group Y / N

**Parents / Caregivers please read, sign and date the following:**

My signature below indicates my willingness to permit my child:

- To participate fully in the KYCK Conference weekend away associated with EPIC Youth Ministry of St Albans Anglican Church, Lindfield.
- I understand that this weekend away will take place on Friday April 16<sup>th</sup> – Sunday April 18<sup>th</sup> 2010, and will be located at the Katoomba Christian Convention Centre.
- I give permission for my child to travel to and from this venue by chartered bus that will depart from and return to St Albans Anglican Church, Lindfield.
- In case of medical emergency, I hereby give permission to the Doctor chosen by the youth leaders or other persons supervising the activity, to secure proper treatment for and / or hospitalisation, injection, anaesthetic or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

Any additional details concerning your child (noted above):

---

---

---

---

---

---

---

---

Child's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Relationship to Child: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Place completed application form and cash or cheque for \$175 (on or before March 27) or \$195 (after March 19) in an envelope and hand it to a youth leader.

(Please make cheques payable to: *St Albans, Lindfield*).

The first 40 forms (with full payment) received are assured of a place.

