

# PERMISSION FORM

**Sunday Kids Church, Friday Kids Klub & MAGNETIK Youth Group**

**Parish: St Philips Anglican Church Kingswood, Diocese of Sydney**

kingswoodanglican.org

## DETAILS OF CHILD(REN):

(1) Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Current School Year: \_\_\_\_

(2) Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Current School Year: \_\_\_\_

(3) Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Current School Year: \_\_\_\_

(4) Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Current School Year: \_\_\_\_

Parent/guardian Name (s): \_\_\_\_\_

Contact Number (s): \_\_\_\_\_

Email address (*for event updates & information purposes*): \_\_\_\_\_

## CHILD'S HEALTH INFORMATION

Describe in full any allergies (drugs, food, environment) and the medication taken:

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Does the child take any medication?  Yes  No (If yes, please outline details below)

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

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Other: \_\_\_\_\_

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## **PRIVACY DECLARATION**

Kingswood Anglican is exempt from the requirements of the *Privacy Act 1988 (Cth)* as it is a “small business”. However, we seek to deal carefully with the personal information we collect and to do so in a manner consistent with your reasonable expectations.

The personal information in this form will be made available to –

- (a) the leaders involved in the running of the activities in which my child participates, and
- (b) medical and emergency services if considered necessary

## **APPLICATION**

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

My signature below indicates my willingness to permit my child:

- ➔ To participate in all activities and outings associated with Sunday Kids Church, Friday Kids Klub or MAGNETIK youth group.
- ➔ I give permission for my child to travel in a car driven by an approved leader or a parent approved by a leader unless I advise the leaders otherwise.
- ➔ I authorise the leaders, in the event of an emergency, to obtain at my expense any medical, ambulance, rescue or other services that are considered necessary for my child.
- ➔ I acknowledge that being part of a community involves mutual care and consideration, and therefore agree that unacceptable behaviour may result in my child being sent home and being temporarily or permanently prohibited from attending the activities of these groups.
- ➔ I will provide the leaders with any information relevant to the wellbeing of my child prior to him or her attending an activity. This might include supporting documentation (eg: AVO, Family Court Order) if there is anyone who is legally restricted from seeing my child.
- ➔ I confirm that the information given in this form is true and correct, and will advise of any changes to this information.
- ➔ I give permission for photos/videos of my child taken at group events to be displayed publicly (online and in print) unless I advise the leaders otherwise.
- ➔ I give permission for any online video meetings run by these groups to be recorded for internal compliance purposes.

## **PARENT OR GUARDIAN’S SIGNATURE CERTIFYING ACCEPTANCE OF ALL THESE CONDITIONS**

Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This information is required for registration & administration purposes only.  
MAGNETIK, KIDS KLUB & Sunday Kids Church adhere to the Sydney Anglican Master Privacy Policy.