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**Children’s or Youth Ministry** **Registration form**

(for use in Anglican Parishes in the Diocese of Melbourne)

…………………………………………………..……………………. **Anglican Church Children’s / Youth Ministry**

(name of church)

This form is intended to assist leaders in case of any medical emergency during the course of participation in any children’s or youth 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.**

**Child’s Name**: ………………………………………………………………………….……………………………………………………….…

Address: ……………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………… Postcode: …….……………………….………..

Date of Birth: …………………………………………… School Year: ……………………………

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian #1 details** (Primary contact) | **Parent/Guardian #2 details**  |
| **Relationship to child** |  |  |
| **Address (if different to child)** |  |  |
| **Contact Number** |  |  |
| **Email** |  |  |

Is there any custody arrangements in place? Yes / No (if yes, please attach)

**Emergency Contact**

Name: ……………………………………………………………….…………………………………………………………….……………………

Relationship to Participant: …………………………………………………………………………………………………….……….......

Address: ……………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………… Postcode: …….……………………….………..

Contact Number: …………………………….…………………….……………….… Authorised to collect child: Yes / No

**Doctor/ Health Contact**

Name of Family Doctor: ………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………… Postcode: …….……………………….………..

Phone: ……………………………………………………………

Medicare No: ………………………………………………… Health Care Card No: …………………………………………………

Medical/Hospital Fund: ………………………………… Membership No: ……………………………….………….……………

Are you an ambulance subscriber? Yes / No Membership No: ………………………………….…………………….

**Are there any medical conditions, allergies, individual safety risks the leaders need to be aware of?**

(e.g. Diabetes; Asthma; ADHD; Epilepsy; Dysphagia (Swallowing disorder); Choking Risk; Other - please specify): ……………………………….……………………...……………………………………………………………………………………………..………

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(Please discuss any special concerns or action plans to be followed in an emergency with a leader at the time of registration.)

**Does your child have an asthma management plan?** Yes/No(if yes, please attach)

**Does your child have an anaphylaxis management plan?** Yes/No(if yes, please attach)

**Does your child have an emergency response plan re medical/safety needs?** Yes/No (if yes, please attach)

**Does your child have a Mealtime Profile/Mealtime Management plan?** Yes/No (If yes, please attach and discuss with Ministry Co-ordinator/Leader to arrange Mealtime Assistant’s training)

**Will your child have any medication?** Yes/No(if yes please give details) ……………………………………………

……………………………………………………………………………………………………………………………………………………...………

Who is to administer the medication? Child / Leader / Other …………………………….………………….………….

**Does your child have any special food requirements?** Yes / No (if yes please give details) ……………………………………………………………………………………………………………………………………………………...………

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**Permissions:**

* I consent to my child’s/youth’s participation in the activities of which I have received notification. I will encourage my child to participate and co-operate with the leaders and other participants.
* I consent to my child’s/youth’s participation in online children’s/youth group activities using social media platforms, including platforms like Zoom, YouTube, Facebook, Discord, messaging services, emails etc. (Please be aware that some of these platforms require individuals to be 13 years of age). I understand there will always be at least two adults from the recognised church/parish youth/children’s ministry in attendance. It is my understanding that there will be NO one-on-one online communication in this arrangement.
* I do/do not give permission for my child to be transported in private cars arranged by the leaders as necessary for the program.
* I do / do not give consent for photographs and video footage of my child during activities and am willing for my child to be so filmed in appropriate settings and for these photos 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.
* I authorise the leader/s in charge of any activity conducted by this above-named church 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.

**Names of people allowed to collect my child in the event that I am unable:**

……………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………… (If a person other than the parent or authorised persons named above is to collect the child on a particular day, permission must be given in person by the parent on the day.)

**Parent/Guardian** **Signature:** …………………………………………………………. **Date:** ………… / ………… / …………

*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.*