

**MBC KIDS AND YOUTH MINISTRIES**



Child's Name:

Date of Birth:

What year did your child start school?

	PARENT 1	PARENT 2
Name:		
Address:		
Home Phone:		
Mobile:		
Email:		

EMERGENCY CONTACT/S (other than listed above)

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

MEDICAL:

Regular Doctor's Name and Contact: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Does your child have any medical conditions, allergies or extra developmental needs we need to be aware of? Please provide details.

CONSENTS:

**Medical Treatment Consent:** *I being the parent/guardian of the above child(ren) understand that whilst every precaution will be taken to ensure the good welfare and protection of my child(ren), Menai Baptist Church (MBC), its staff and volunteers acting on behalf are hereby released from any and all liability in the event of any accident or misfortune, damage or loss that may occur to the child(ren) or their property. In the case of an emergency, I hereby give permission to the First Aid Staff to ensure proper treatment for my child(ren). I understand that every effort will be made to contact me before instituting such procedures. I agree to pay all such doctor, ambulance and hospital fees incurred on behalf of my child(ren). I have detailed any health information about my child(ren) that the First Aid Staff need to know.*

**Involvement Consent:** *I being the parent/guardian of the above child(ren) hereby give my consent that my child(ren) may participate in any activities they choose over the course of the MBC Kids and Youth Programs, whether it is games, jumping castles, basketball, etc.*

**Photography & Video Consent:** *I being the parent/guardian of the above child(ren) hereby give my consent for my child(ren) to be captured in both photographs and video at MBC Kids and Youth Ministries. Menai Baptist Church reserves the right to use this material for promotional purposes.*

Signed:

Date:

Thank you for providing this important information. The safety and wellbeing of your child is our primary concern.

Signature of parent / guardian: \_\_\_\_\_

Name:

Date: