

2011 MBM Youth Group and Red Enrolment Form
St Alban's Multicultural Bible Ministry Rooty Hill
Anglican Diocese of Sydney

DETAILS OF CHILD:

Name: _____ Age: _____ DOB: ____/____/____ Male Female
Address: _____
Suburb: _____ Postcode: _____
Ph (home): _____ Mobile phone: _____
Child's Email: _____ (please PRINT clearly)
Current school year: _____ School: _____
Home Church (if applicable): _____ Service Time: _____ Suburb: _____
Parent/guardian name/s: _____
Ph (home): _____ Ph (work): _____ Mobile phone: _____
Parent's Email: _____ (please PRINT clearly)

CHILD'S HEALTH INFORMATION

Emergency contact (if parent/guardian cannot be reached) — Name: _____ Phone: _____
Describe in full any allergies (drugs, food, environment) and the medication taken

Is the child on a special diet?

Yes No. (If yes, please give details below).

Does the child take any medication?

Yes No (If yes, please outline dosage, purpose & times below)

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

Does the child have a disability (i.e. physical/mental/learning/emotional)?

Yes No. Details: _____

Does the child have a known behavioural problem?

Yes No. (If yes, please give details below.)

Is there anyone who is legally restricted from seeing the child?

Yes No Who: _____

Application

Parents please read, sign and date the following:

I give permission for my child:

- to participate fully in the MBM Youth or Red program associated with the parish church of St Albans Multicultural Bible Ministry Rooty Hill
- In the case of a medical emergency, I hereby give permission to the Doctor chosen by the church authorities or other persons supervising or administering the youth/children's activity, to secure proper treatment for and/or order 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.

I also give permission for **photographs & videos** of my child to be taken and used at Youth Group, church or on our website.

Yes No

I give permission for my child's **Red/Youth Leader/s** to Communicate with my child via mail or electronic communication.

Yes No

PARENT OR GUARDIAN'S SIGNATURE CERTIFYING ACCEPTANCE OF ALL THESE CONDITIONS

✍ Sign: _____ Date: ____/____/____

ADDITIONAL DETAILS (noted above):

