Youth Health & Registration Form

This form should be completed for each young person participating in the youth ministry. The gathered information is confidential and will be treated accordingly. It is requested in order to assist facilitators in Risk Management Planning. Please fill out details of medication fully (names of medication, dosages, inhalers etc.)

The first page is about the young person, page two is about the parent/guardian.

SECTION A – YOUNG PERSON

| FIRST NAME | MIDDLE INITIAL | LAST NAME | |
|-----------------|-----------------|-----------|----------------|
| 2 STREET | SUBURB | CITY | POST CODE |
| 3 MOBILE NUMBER | 4 DATE OF BIRTH | | YEAR AT SCHOOL |
| 5 GENDER | 6 EMAIL ADDRESS | | |

SECTION B - MEDICAL

| 7 DETAILS OF ANY REGULAR MEDICATION | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| 8 DETAILS OF ANY ILLNESS WE NEED TO KNOW ABOUT (EG DIABETES, ASTHMA) | | |
| | | |
| | | |
| | | |
| | | |
| 9 DETAILS OF ALLERGIES | | |
| | | |
| | | |
| | | |
| DETAILS OF CONCERNS THAT COLUMN INTERFECT PARTICIPATION (FG WATER APPROXIMATION (FG WATER APPROXIMATIO | | |
| 10 DETAILS OF CONCERNS THAT COULD INFLUENCE PARTICIPATION (EG WATER/HEIGHT/OPEN SPACES) | | |
| | | |
| | | |
| | | |
| 11 DETAILS OF DIETARY REQUIREMENTS | | |
| DETAILS OF DIETAIN REQUIREMENTS | | |
| | | |
| | | |
| | | |
| I. | | |

SECTION C - YOUNG PERSON AGREEMENT

| I agree at youth group I will: | |
|--|---------|
| Respect other young people. Respect leaders. Respect Church values Respect the property. | |
| 5. Respect myself (e.g. I won't be under the influence of illegal drugs or alcohol | |
| 12 SIGNATURE | 13 DATE |

SECTION D - PARENT / GUARDIAN

| 14 FIRST NAME | MIDDLE INITIAL | LAST NAME |
|-----------------------|----------------|--------------------------------|
| 15 STREET | SUBURB | CITY POST CODE |
| 16 TELEPHONE NUM BERS | 17 R | RELATIONSHIP WITH YOUNG PERSON |
| DAYTIME PHONE | | |
| | 18 GE | ENDER |
| EVENING PHONE | | |
| | 19 EM | MAIL ADDRESS |
| MOBILE NUMBER | | |

SECTION E – SAFETY

Safety

We will seek to ensure that young people in our care are nurtured and cared for in a safe environment and are protected from any potential harm.

Strategies, policies and procedures are in place to ensure physical, psychological, sexual and spiritual safety of young people within our care. Youth leaders are aware policies, have been police checked and have gone through safety training.

SECTION E – PARENTAL CONSENT

| I grant permission, if my young person is in need, for a group leader who has a current first aid certificate to provide first aid. | | | | |
|---|--|--|--|--|
| Photo Media Release / Social Media | | | | |
| I grant permission for photographs / video to be taken during youth group to be used for church publicity purposes. | | | | |
| | | | | |
| I grant permission for youth leaders to drive my young person in vehicles provided they have a current registration, WOF and the driver has a clean full license. | | | | |
| | | | | |
| | | | | |
| 21 DATE | | | | |
| | | | | |