



## Personal and Medical Information

Please complete this form and return to:			
Name	Ps. Jimmy Hill	Phone	5577 4122
Email	pastorjim@southportbaptist.org.au		

In an effort to give the best care to those entrusted to us, we would appreciate it if this form could be completed and returned to us at the next activity. To maintain up to date information we ask to be advised if any of the following details in this form change. Thank you.

The Baptist church is committed to protecting your privacy.

We collect the information on this form to ensure that your Child's participation in Children's Ministries is as enjoyable and safe as possible. Failure to supply the information will prevent your Child's participation in Children's Ministries as we are committed to providing a caring and safe environment.

Personal information collected by us is only used or disclosed for the purpose of running Children's Ministries. However, in order to provide a caring and safe environment the information may be used or disclosed to provide emergency health care and recording incidents involving your Child.

The personal information we collect about your Child may be disclosed to other churches on request. If you do not wish that information be disclosed to those organisations please cross this box:

If you wish to make an inquiry or complaint regarding the way your personal information is being handled by us you can do so by writing, telephoning or faxing us or by sending an e-mail.

If you wish to access any personal information held about you, you may contact our Privacy Officer who is:

		Baptist Church	
Attention: Privacy Officer			
Name of Privacy Officer:		Kay Weathered	
Address			
Suburb		Postcode	
Email Address		kayweathered@hotmail.com	
Telephone		5532 5252	

Our Privacy Officer will take all reasonable steps to answer any queries.

**Personal Details**

Details of the Child. Please complete a separate form for each person

First name		Last Name	
Preferred Name		Male/Female	Date of Birth
Address			
Suburb		Post Code	
Phone		Mobile	
Email Address			

Children and leaders/helpers often appreciate the opportunity to be in contact with Children in this ministry. Do you approve of you Child's contact details being made available within the church through a directory (or similar) for the informing of upcoming events and the ongoing communication between Children?

Yes / No

**Custody Details**

Is there a current Custody Order regarding this Child?	Yes / No
--	----------

**Medical details**

Does your Child have any of the following?	
Allergies:	(Eg. Bee stings, penicillin, aspirin)
Dietary requirements:	(Eg. Lactose intolerant)
What was the year of your Child's last tetanus injection?	
Other relevant medical information:	(Eg. Asthma, migraines, dizzy spells, A.D.D.)
If Asthma; has it required hospitalisation in the past?	Yes / No
Are there any self-administered medications that may be taken?	Yes / No
(Eg. Ventolin/salbutamol, insulin)	
If YES, please attach any instructions on the medication's administration (Eg frequency, amounts)	
Is paracetamol allowed to be taken?	Yes / No
Please rate your Child's swimming ability	Poor Fair Good
Are you covered by private medical insurance?	Yes / No
Insurance provider's name	
Policy Holder's name/number	
Medicare Number	

Emergency contact details	Contact 1	Contact 2
Contact Name		
Relationship to Child		
Business Hours Phone		
After Hours Phone		
Mobile Phone		

Safe Places Policy and Accident Insurance
<b>Important Information</b>

I/we understand that every effort will be made to provide a safe environment for my/our Child to participate in all activities. In the event of an accident I/we understand that the Church's insurance policy does not reimburse in relation to any expenses where there is a Medicare rebate available (i.e. Private medical expenses are not covered where there is Medicare covered public medical assistance available).

In signing this form I authorise the leaders, in the event of an emergency, to obtain at my/our expense, any medical, ambulance or similar services considered necessary by the leaders.

Transport
Please respond to the following

I/we ask that my/our Child be collected from the various activities only myself/ourselves or by the following people, unless I/we notify you of prior arrangements that have been made.

Name		Contact Number	
Name		Contact Number	
Name		Contact Number	

I/we authorise our Child to make their own way home (Eg. Bike, walk, public transport)	Yes / No
--	----------

I/we authorise our Child to travel in a car driven by an approved leader or parent.	Yes / No
---	----------

I/we authorise our Child to travel in a car driven by a driver holding a provisional drivers licence.	Yes / No
---	----------

I/we hold a current driver's licence and are available to drive Children to various activities when needed in a car that is roadworthy and carries third party insurance.	Yes / No
---	----------

Conduct
---------

I/we recognise that being a part of a community involves mutual care and consideration and therefore agree that unacceptable behaviour may result in our/my Child being sent home and/or being temporarily or permanently prohibited from attending the Children's activities.

Signature of parents/guardians or your own (if over 18 year of age).					
Name		Signature		Date	

Name		Signature		Date	
------	--	-----------	--	------	--

We appreciate the time you have taken to complete this form. In an effort to provide the best possible care for your Child, we ask to be advised if any of the details in this form change.

Thank you.

# Our commitment to you

We recognise the trust you have placed in us as we seek to assist you in the developing of your Child into adulthood. It is our commitment to do all we can to provide a safe, positive environment that will help your Child to develop positive self worth, care and concern for others and an understanding of God and His love for humankind. We as leaders will strive to be trustworthy, faithful and responsible in our ministry to your Child and seek their best at all times.

We seek to support you in the following ways

Our normal programming arrangements are as follows:

Thursday night after school Kids Club (years 3 - 7)

Meeting at the church at 170 Nerang St, Southport 4215. Ph: 07 5577 4122

Commencing at 5pm and concluding at 7pm

Any changes to our regular activities will be shown in the program for each term. While every endeavour will be made to start and conclude on time, there may be occasions when late changes may occur. We will do our best to contact you to avoid any inconvenience.

Alternatively the following leaders can be contacted on their relevant mobile phones:

Jimmy Hill      0401 859 922    Team Leader

We value your support and would encourage any feedback on how we can further assist you and your Child.

For more information or comments, please contact those below or refer to the contact details on the program.

Jimmy Hill                      07 5577 4122    Mob 0401 859 922                      Email [pastorjim@southportbaptist.org.au](mailto:pastorjim@southportbaptist.org.au)

God bless

Ministry team...

Southport Baptist Church

