



THRIVECHURCH

Thrive Youth Permission Form

To be completed for all children under 18 years

Effective from *. To * in relation to the activities of Thrive Youth Ministries of Thrive Church Central Coast Incorporated

Parent / Caregiver 1

Name:	Home Phone:
Email:	Mobile:
Home Address:	

Parent / Caregiver 2 (only include detail that differs from above)

Name:	Home Phone:
Email:	Mobile:
Home Address:	

Emergency Contact (alternative to parent/caregiver)

Name:	Home Phone:
Relationship to child/ren:	Mobile:

Privacy Declaration

Thrive Church is exempt from the requirements of the *Privacy Act 1988 (Cth)* as it is a "small business". However, we seek to deal carefully with the personal information we collect and to do so in a manner consistent with your reasonable expectations. More information is set out in the Thrive Church privacy policy available upon request.

The personal information in this form will be made available to –

- (a) the Thrive Youth leaders involved in the running of the activities in which my child participates, and
- (b) medical and emergency services if considered necessary.

Please tick if you agree:

[] I give permission for photos and videos of my child taken at Thrive Youth events to be displayed publicly (online and in print) unless I advise the Thrive Youth leaders otherwise.

Authorisations & Expectations

- I give permission for my child to attend all scheduled Thrive Youth activities, unless I advise the Thrive Youth leaders otherwise.
- I give permission for my child to travel in a car driven by an approved person I authorise and take full responsibility for allowing my child to be transported in the vehicle of another care giver.
- I authorise the Thrive Youth leaders, in the event of an emergency, to obtain at my expense any medical, ambulance, rescue or other services that are considered necessary for my child.
- I acknowledge that being part of a community involves mutual care and consideration, and therefore agree that unacceptable behaviour may result in my child being sent home and being temporarily or permanently prohibited from attending the activities of Thrive Youth.
- I will provide the Thrive Youth leaders with any information relevant to the wellbeing of my child prior to him or her attending a Thrive Youth activity.
- I confirm that the information given in this form is true and correct, and will advise XX of any changes to this information.

Signature of Parent / Caregiver

Print full name:	
Sign:	Date:

If you have any questions about this permission form, please contact the Thrive Church office on info@heretothrive.com.au

Child 1 – Personal Details

Attending (tick): Youth Group

Name:	M / F :	DOB:
School:	Grade:	
Email:	Mobile:	
Medicare number:	Position on card:	
Medicare expiry date:	Ambulance cover Y / N:	

We will keep these details on file so that we do not have to ask for them prior to each event, unless you request otherwise. Please advise Thrive Youth as soon as practical of any changes to this information.

Authorisations

Do you authorise your child to make their own way to and from Thrive Youth events? Yes
No

Medical and care needs

Does your child have any medical conditions that we should know about? No

Prescription medication Chronic illness Medical allergies Other

Do you give permission for your child to take paracetamol if required? Yes No

Does your child have any care needs that we should know about? Yes No

Behavioural concerns Psychiatric care Other

Is there anyone who is legally restricted from seeing your child? Yes No

If yes, please indicate who this is:

Dietary Issues

Does your child have any special dietary need that we should know about? Yes No

Food allergies e.g. nuts Other

Is your child capable of swimming more than 30m unassisted? Yes No

Please provide further details as required:

Child 2 – Personal Details

Attending (tick): Youth Group

Name:	M / F :	DOB:
School:	Grade:	
Email:	Mobile:	
Medicare number:	Position on card:	
Medicare expiry date:	Ambulance cover Y / N:	

We will keep these details on file so that we do not have to ask for them prior to each event, unless you request otherwise. Please advise Thrive Youth as soon as practical of any changes to this information.

Authorisations

Do you authorise your child to make their own way to and from Thrive Youth events? Yes
No

Medical and care needs

Does your child have any medical conditions that we should know about? No

Prescription medication Chronic illness Medical allergies Other

Do you give permission for your child to take paracetamol if required? Yes No

Does your child have any care needs that we should know about? Yes No

Behavioural concerns Psychiatric care Other

Is there anyone who is legally restricted from seeing your child? Yes No

If yes, please indicate who this is:

Dietary Issues

Does your child have any special dietary need that we should know about? Yes No

Food allergies e.g. nuts Other

Is your child capable of swimming more than 30m unassisted? Yes No

Please provide further details as required:

Child 3 – Personal Details

Attending (tick): Youth Group

Name:	M / F :	DOB:
School:	Grade:	
Email:	Mobile:	
Medicare number:	Position on card:	
Medicare expiry date:	Ambulance cover Y / N:	

We will keep these details on file so that we do not have to ask for them prior to each event, unless you request otherwise. Please advise Thrive Youth as soon as practical of any changes to this information.

Authorisations

Do you authorise your child to make their own way to and from Thrive Youth events? Yes
No

Medical and care needs

Does your child have any medical conditions that we should know about? No

Prescription medication Chronic illness Medical allergies Other

Do you give permission for your child to take paracetamol if required? Yes No

Does your child have any care needs that we should know about? Yes No

Behavioural concerns Psychiatric care Other

Is there anyone who is legally restricted from seeing your child? Yes No

If yes, please indicate who this is:

Dietary Issues

Does your child have any special dietary need that we should know about? Yes No

Food allergies e.g. nuts Other

Is your child capable of swimming more than 30m unassisted? Yes No

Please provide further details as required:

