### <Logo/churcH name here>

### YOUTH Indemnity

### & Permission Form 2020

This permission form grants the young person listed permission by their parent/guardian to attend <edit name> Youth <edit date/time> Friday night events in 2020.

\*\*THIS FORM**MUST**BE FILLED OUT & SIGNED BY A **PARENT/GUARDIAN**, AND ALSO SIGNED BY THE NAMED YOUNG PERSON\*\*

#### VIDEO CONFERENCING (Due to COVID19)

It is standard practice to request an updated permission form for each child, each year. However, as there have been significant chances in the way we run <edit name> youth group we request written permission again. As a result of COVID-19 and social distancing we have moved <ministry name> online and request your permission for your child to <edit activities accordingly> participate in:

\*Friday night group meetings, including playing games, listening to a speaker and breaking into small groups

\*Small group video or voice calls between your child, another child and a leader/s as a prearranged time

\*etc

<Church name> agrees to take the best possible care of your young person during their time at <Edit name> Youth and other church run activities. The Church will have an adequate number of trained leaders to supervise your young person at all times during the program.  We take our Duty of Care for your young person seriously and will always put their safety ahead of any other priority. All leaders are screen, trained and supervised appropriately.

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| **Church Name:** |  |
| **Program/Group Name:** |  |

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| --- | --- |
| **Young person’s Full Name:** |  |
| **Date of Birth:** |  | **Gender:** |  |
| **Mobile:** |  | **Email:** |  |
| **School attending:** |  | **Grade:** |  |

Details of the preferred parents/guardian to contact regarding youth ministry updates:

|  |  |
| --- | --- |
| **Name**  |  |
| **Mobile:** |  | **Email:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency contact:** |  | **Relationship:** |  |
| **Mobile Phone:** |  | **Home Ph:** |  |

Please give details of a) any person/s not permitted to contact or collect your child/ren while in the care of the above named group and b) any Court order related to such:

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I consent to my child becoming a member of the above program. I will encourage my child to attend and participate regularly and to cooperate with the leaders and other children.

I authorise the leader in charge of the above mentioned group to arrange for my child to receive such first aid, medical or surgical treatment as the leader may deem necessary at any time during the activities. I further authorise the use of Ambulance and/or anesthetic by a qualified medical practitioner if in his/her judgment it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I agree to indemnify and hold harmless the Baptist Union of Victoria, the church, and any individual staff or voluntary leaders against all claims arising out of any injury to the child, and the relevant activity being undertaken unless such injury results from a failure in the duty of care of the Baptist Union of Victoria, the church, or any individual staff or voluntary leader.

There may be occasions when it is necessary to transport children or to walk to nearby facilities.

I DO/DO NOT give permission for my child (as above named) to participate in activities outside of the normal meeting complex.

I DO/DO NOT give permission for my child to be transported in private cars arranged by the leaders of the above named group.

I DO/DO NOT give permission for my child to be photographed &/or recorded during the course of the activity for the purposes of creating promotional material for the church and or its ministries.

I DO/DO NOT give permission for my child to be involved in group meetings/ministry e at advertised times (such as via Zoom)

I DO/DO NOT give permission for my child to be involved with small group phone or video calls, by prior arrangement

**SIGNATURE OF PARENT/GUARDIAN:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUNG PERSONS’S AGREEMENT:**

I recognise that being part of a community involves mutual care and consideration and therefore agree that any behaviour which the church deems as unacceptable may result being sent home and/or being temporarily prohibited from attending <name here> events.

I understand that <name here> Youth is an Alcohol, Smoke and Drug Free program and I will follow these rules when attending the program.

I understand that when video conferencing I should dress and behave appropriately, following all guidelines for <name here> Youth Online which are: Dress appropriately, mute your microphone when its not your turn to talk, use my real first name on your account.
I understand that I may be removed from the video conference without warning for not following these rules.

**SIGNATURE OF YOUNG PERSON:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### CONFIDENTIAL MEDICAL REPORT

*The information below is requested to assist in case of any illness or accident, and will be held in confidence. This information may be passed on to medical care providers in the event of an emergency. This information will be securely destroyed once it is no longer required or is replaced.*

**a) Please tick if you or your child suffers from any of the following:**

 [ ] Heart Condition [ ] Sleepwalking [ ] Blackouts [ ] Migraines

 [ ] Penicillin Allergy [ ] Bee Sting Allergy [ ] Nuts Allergy [ ] Asthma

 [ ] Other *(please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**c) Approximate date of last tetanus immunisation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**

**d) Medicare No:** \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ **Valid to: \_\_ / \_\_ \_\_ \_\_ \_\_**

**e) Health Insurance Provider:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Member No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**f) Name of family Doctor/Clinic: \_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ph:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**g) Name of Dentist:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ph:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### h) Does the young person have any allergies, medicines, medical requirements or other special needs that we should be aware of to best care for your child? If yes, please advise details below (including food-allergies; non-food allergies; medical conditions; medications; special/physical needs; etc) \*

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**SIGNATURE OF PARENT/GUARDIAN:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_