

Combined Churches Youth Group 2023 Consent & Medical Information Form

(Personal details to remain confidential)

This form gives consent for my child to attend/participate in the Combined Churches Youth Group (CCYG) and its various activities. This document also gives the leaders of CCYG permission to photograph/video various Youth Group events. These photos/videos may be used for promotional purposes within the Combined Churches Youth Group. If I decide to withdraw my permission at any time, I understand it is my responsibility to contact the leaders of CCYG and inform them of my decision in writing.

In the event of a medical emergency, I give permission for the leaders of Combined Churches Youth Group to contact the ambulance and or Kingaroy General Hospital for medical treatment.

In the unlikely event of a medical emergency, every attempt will be made to contact parent/guardian first, then emergency contact & only if not contactable, medical attention sought.

If you need to contact your child during a Youth Group event or would like more information about Combined Churches Youth Group, please contact Andy Dunkin on 0400 264 747 or andydunkin65@gmail.com.

Name _____ DOB ____/____/____

Address _____ Grade _____

Teenager Contact # _____

Teenager Email _____

Church (if attended) _____

Parent/Guardian Names _____

Parent Phone Contact (Mobile) _____ (Home) _____

Parent Email _____

(Emergency contact if different from above) _____ Phone _____

Dietary Requirements: _____

Any known allergies _____

Any current illness (e.g. Asthma, Epilepsy, etc) _____

Any current medication _____

Doctor _____ Phone _____

My child is covered by medical insurance as follows:

Fund _____ Membership Number _____

Name of Parent/Guardian _____

Signature (of Parent/Guardian) _____ Date ____/____/____