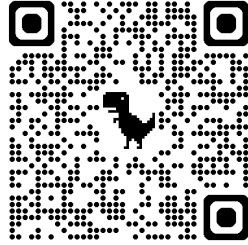


We prefer digital submissions, please scan the QR Code to make our work easier!



## Combined Churches Youth Group'26 Consent & Medical Information Form

(Personal details to remain confidential)

### Teen Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_  
Gender: Male / Female  
Home Address \_\_\_\_\_  
Mobile Number (if you have one) \_\_\_\_\_ Grade \_\_\_\_\_  
Teenager Email \_\_\_\_\_

### Parent/Guardian Information:

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

### Emergency Contact (if different from above):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you operating as a registered Youth Worker with temporary guardianship with this teen? Yes/No  
If yes, please provide your:

Blue Card \_\_\_\_\_ Company Name \_\_\_\_\_  
Company Number \_\_\_\_\_ Company Email \_\_\_\_\_

### Teenager Medical Information:

Medicare Card (including reference number) \_\_\_\_\_  
Dietary Requirements \_\_\_\_\_  
Known allergies \_\_\_\_\_  
Current illness we should know about \_\_\_\_\_  
Current medications \_\_\_\_\_  
Additional Information you'd like us to know \_\_\_\_\_

By submitting this form, you (the parent or guardian) consent for your child to participate in the Combined Churches Youth Group (CCYG), its various activities and for CCYG leaders to photograph or video Youth Group content where your child may appear. This content may appear in promotional purposes for the Youth Group on social medial such as Facebook or Instagram.

If you decide to withdraw your permission, it is your responsibility to contact the leaders of CCYG to inform them in writing.

In the unlikely event of a medical emergency, every attempt will be made to contact the parent/guardian or emergency contact first, however CCYG leaders may contact an ambulance and/or any nearby hospital in case of an emergency if you are not contactable. You also understand that any personal details provided will remain confidential.

If you need to contact your child during a Youth Group event or would like more information about Combined Churches Youth Group, please contact **Youth Pastor Lauro** on **0421 249 510** or [youthpastorkcofc@gmail.com](mailto:youthpastorkcofc@gmail.com)

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

