



CHURCH
 129 SLADEN STREET
 PARISH OFFICE
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 CRANBOURNE, 3977

St. Agatha's Church, Cranbourne

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St Agatha's Parish, Cranbourne – Enrolment & Consent Form

Participant's Details:

Child's First Name: <small>(surname last and in CAPITALS)</small>		Surname:	
Preferred Name:			
Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School:	Year Level:		
Address:			
Father's First Name:		Surname:	
Telephone: (Home)	(Mobile)	(Email)	
Mother's First Name:		Surname:	
Telephone: (Home)	(Mobile)	(Email)	
Do you have Ambulance Cover? If yes, subscription number			
Does your child have any medical conditions we should know about?			
Is your child currently taking any medication? If so please provide name of medication, dosage & when it is required.			
Does your child have any allergies?			
Is there any other information that we should know about your child's needs?			
Child's Medicare Number			
Family Doctors Name			
Family Doctor's Address			

Phone Number	
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Please provide details for at least one person we can contact if we are not able to reach you in an emergency.

Emergency Contact:

Name: <small>(surname last and in CAPITALS)</small>		
Relationship to Child:		
Telephone: (Home)	(Work)	(Mobile)
If participant is under 18, do you give permission for this person to collect your child?		

Parental/Guardian Consent Form:

I (Parent/Guardian’s name) consent to my child
 (Child’s Full name) attending and participating in

St Agatha’s Parish Youth Group meetings, activities and social events.

In the event that you are unable to communicate with me [or my nominated emergency contact], I consent to my child receiving such medical or surgical treatment, including the administration of an anaesthetic, as may be deemed necessary by a legally qualified medical practitioner and I agree that any such treatment will be at my expense.

I have informed you of any allergies or other medical conditions of my child and will make any necessary medication available.

I consent to a photograph or video image of my child being used without acknowledgement, remuneration or compensation, in publications (print, websites, social media, DVDs, CDs etc) and/or presentations of St Agatha’s Parish and the Catholic Diocese of Sale or its Parishes.

Please cross out this paragraph if you do not give permission for your child to be photographed or videoed.

I consent to the information contained in this enrolment form to be accessed by Youth Leaders of St Agatha’s Parish. Information will be treated with strict confidentiality.

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Signature of Parent/Guardian

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Print name (Surname last and in CAPITALS)

.....
Relationship to child

.....
Date

