

KURRI KURRI BAPTIST CHURCH

Ministry Information Form

Document 10	
Replace existing document?	Yes
Version:	Version 3.0
Details of superseded documents:	<p>Version 2.0 Ministry Information Form Adopted by governance body on 10/11/2022. Credit - Model Ministry Information Form © Baptist Churches of NSW & ACT 2020</p> <p>Version 1.0 Ministry Information Form Adopted by Safe Church Concerns Team on 11/12/2019</p>
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Note: Throughout this document, "Church" refers to Kurri Kurri Baptist Church, the local Church which adopted this document.

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KURRI KURRI BAPTIST CHURCH Ministry Information Form

Program Name:			
GENERAL INFORMATION			
Participant's name:		Date of Birth:	
Parent/Guardian's name/s:			
Email:		Phone:	
DIETARY ISSUES			
Is there anything your child can NOT eat and/or drink? (please circle):		Yes	No
If yes, please indicate foods or beverages your child should NOT consume:			
MEDICAL CONDITIONS			
Please list any medical conditions or allergies, and any medication or special care they require. If your child is anaphylactic to any substance please provide information regarding EpiPen and management plan:			
(Please add detailed information overleaf)			
IN CASE OF EMERGENCY			
	Name	Relationship to child	Phone
Emergency Contact 1			
Emergency Contact 2			
Please read the following statements and tick the boxes to which you agree:			TICK
I authorise the leader in charge to arrange for my child to receive such first aid and medical treatment as a trained first aid person may deem necessary			
I authorise the calling of an ambulance in an emergency			
I accept responsibility for payment of all expenses associated with such treatment			
Please read the following statements and tick the boxes for which you wish to preclude your child:			TICK
I DO NOT give permission for my child to participate in activities outside of the normal meeting complex except where they are within reasonable walking distance.			
I DO NOT give permission for my child to be transported in private cars arranged by the leaders of the group			
I DO NOT permit photos taken of my child to be displayed in Church publications, e.g. website, newsletters, brochures, etc			
TRANSPORT AUTHORITY			
If I am unable to collect my child at the finishing time they may be transported home from the program with the following people:			

Signature of parent/guardian: _____

Name: _____ Date: _____

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ADDITIONAL INFORMATION

(Please ensure that medical information is specific, clear and comprehensive)

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