

# Attendee Information Form



Uniting Church in Australia  
SYNOD OF VICTORIA AND TASMANIA

**Keeping  
Children  
Safe**



Use when the children's activity is not on the same premises as concurrent parents' activity (e.g. camps). Complete the form once, and ask parents to inform you if details change.

Congregation: \_\_\_\_\_

Program: \_\_\_\_\_

1. Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade/Year level: \_\_\_\_\_

Gender:  Male  Female

2. Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade/Year level: \_\_\_\_\_

Gender:  Male  Female

Additional children can be added on a separate sheet

## Family Details

1. Parent's/guardian's name:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Post code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. Parent's/guardian's name:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Post code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact Details (Alternate contact)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Medicare number & child's reference number on card:

Child 1: \_\_\_\_\_ Ref: \_\_\_\_\_

Child 2: \_\_\_\_\_ Ref: \_\_\_\_\_

### Medical Information attachment

This informs the program about any medical information about your children such as allergies (e.g. insect stings food, band aids, first aid treatments, drugs or other)

Medical conditions (e.g. asthma, epilepsy, hyperactivity, heart problems, diabetes or other)

Additional needs (e.g. low vision, hearing loss, ADD or ADHD, behaviour issues, formal counselling situations, bed wetting, sleep walking or other).

Please indicate:

- My child/ren **do not** require a Medical Information attachment
- A Medical Information attachment has been completed for: \_\_\_\_\_ (Child's name)

Please complete a new form for each child requiring this information

In **total** I have attached \_\_\_\_\_ (insert number) Medical Information attachments

Include here any custody arrangements in place?

## Release Statement

Yes       No      I confirm that the information provided in this document is true and correct.

Yes       No      I warrant that I have power to provide this information and agree to inform the congregation of any change to these details.

Yes       No      I consent to my child/ren becoming a member of and taking part in the overall activities of the abovementioned program.

Yes       No      I understand that if urgent medical attention is needed, every effort will be made to contact the persons listed on this form. In the event that I cannot be contacted in an emergency, I give my permission for my child/ren to receive medical treatment as deemed necessary by the leaders of the program/activity.

Yes       No      I consent to information about my child/ren being collected and used for the running of activities and reporting of incidents and accidents.

Yes       No      I give my permission for my child/ren to be transported in church vehicles or private cars arranged by the leaders on occasions when it is necessary.

Yes       No      I give my permission for my child/ren to be photographed, videotaped or recorded. I understand that the Church will not disclose personal or identifying details of me or my child/ren, to any other person, body or organisation without my permission or it is authorised or required by law. I understand that this material (including name and congregation or activity) may be used and disclosed for the following purposes:

- In promotional or information materials produced by the Church
- In worship and materials prepared by or for the Church
- On the Church's website and social media platforms
- As otherwise permitted or required by law.

Yes       No      I warrant that I will advise the Church of any change of circumstances that would affect the Church's care of my child/ren or changes to the details of this form.

Yes       No      I warrant that I will advise the activity leader of unique circumstances regarding my child/ren that may affect their participation in the activity.

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Parent/guardian signature

Name

Date

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Parent/guardian signature

Name

Date

**Medical Information for:**

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade/Year level: \_\_\_\_\_

Gender:             Male             Female

Allergies (e.g. insect stings, food, band aids, first aid treatments, drugs or other):

\_\_\_\_\_

Medical conditions (e.g. asthma, epilepsy, hyperactivity, heart problems, diabetes or other):

\_\_\_\_\_

Additional needs (e.g. low vision, hearing loss, ADD or ADHD, behaviour issues, formal counselling situations, bed wetting, sleep walking or other):

\_\_\_\_\_

Name and dosage of medications which may be required during activities (e.g. Ventolin, epi-pen or other):

\_\_\_\_\_

Dietary requirements (e.g. food allergies and intolerances or other):

\_\_\_\_\_

Restrictions (e.g. custody matters; activities which may cause your child anxiety, or that you do not wish your child to participate in; swimming ability, or other relevant points):

\_\_\_\_\_

Swimming ability (for activities involving swimming):

non-swimmer             fair swimmer             good swimmer

Transport (how is your child travelling to the activity or camp?):

\_\_\_\_\_

Departure (who is picking your child up or how are they permitted to leave the activity/activities?):

\_\_\_\_\_