

Annual Child Attendance Permission– Form 05

Family Name: _____

Children's / Young Person's First Name	Date of Birth	School Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent's Names: _____

Family Address: _____

Phone No: _____ Email: _____

Mobile No: _____

Medical Details:

Does your Child have any of the following (please provide details)

- Allergies _____
- Asthma _____
- Dietary Requirements: _____
- Regular Medications (to be administered by leaders): _____

(please attach instructions, regarding frequency and amount, to the medication and give to the ministry leader only)

Is your child allowed Paracetamol? Yes No

Medicare Number: _____

Emergency Contact Name & Number: _____

If there is any other relevant information that may impact your child's / young person's involvement please inform us below so that we can cater for their needs to the best of our ability.

I give permission for my child / young person to attend the New Heights Christian Church and its associated Children/Youth Ministries throughout 20____, and to take part in all planned activities and incidental activities that may arise. I agree to delegate my authority to the designated leaders involved and to entrust them with the safety and wellbeing of my child / children / young people as a group and individually.

Do you give permission for NHCC to publish photos of your child participating in activities at NHCC events?

Yes No

Signature: _____

Date: _____