



Morialta Uniting Church

Living Streams ~ Giving Life



Office: 26 Chapel Street MAGILL SA 5072 Postal: PO Box 619 MAGILL SA 5072
Telephone: 8331 9344 email: office@morialtauca.org.au

Permission to take part in Morialta Youth programs during 2018

Name of Child: Date of Birth:

Address:

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Preferred Parent Contact Name:

Home Phone: Mobile Phone:

Emergency Contact Name:

Home Phone: Mobile Phone:

Alternate Emergency Contact Name:

Home Phone: Mobile Phone:

Privacy Information: All information recorded on this form is collected and managed in accordance with the Uniting Church Privacy Policy. This information has been collected for the primary purpose of Morialta Uniting Church and may be used for any activities conducted by the church. For further information please contact Margaret Cargill on 0439 954 814.

Permission to participate in Program Activities

I consent to my child/young person taking part in the approved program of activities for the Children, Youth and Young Adults Morialta Mission Team during 2018.

Signed: Date:

Permission for Transport

I give my permission for my child/young person to travel on public transport, where this is specified in program activities. Yes No (Please mark X)

I give permission for my child to be transported in private cars by drivers who are approved by Church Council. Yes No (Please mark X)

Signed: Date:

Family Circumstances

Are there any situations we should be aware of (e.g. custody issues or other matters? If so please specify:

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Medical Report

Please inform us of any medical issues we need to be aware of, such as diabetes, asthma, allergies, etc.,

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Any special care required? (Please specify)

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Are any medications being taken? If so, please specify what and whether your child self administers.

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Dietary Requirements

Please list any special dietary needs, including any food allergies.

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Permission to view DVDs and videos

I consent to my child/young person viewing tapes/DVDs which are rated:

(F) Family (G) General (PG) Parental Guidance (M) Mature Audience (Please mark X)

I understand that all videos and movies would be previewed by a program leader to check suitability for use in these programs.

Permission to be photographed or filmed

There are times when children/young people may be photographed or filmed at program activities.

I give my permission for my child/young person to be photographed and/or filmed and displayed in church publications. Yes No (Please mark X)

I give permission for photographs or films of my child/young person to be displayed on the church website. Yes No (Please mark X)

Signed: **Date:**