

# Christian Family Gympie - Axis

## Permission Form

(if 18 or over please complete and sign for yourself)

Surname: ..... Christian Names:.....

Date of Birth:..... Name of Parent/Guardian: .....

Address:.....

Email Address:.....

Telephone:..... Alternate Contact Number: .....

### GENERAL ACTIVITIES/CAMPING/OUTDOOR ACTIVITY - MEDICAL FORM

Note: This form is to be completed by a Parent/Guardian of any child attending..AXIS outing to – **2010 Ice Skating .....2<sup>nd</sup> JULY 2010....at...ICE WORLD, Boondall.** The information contained herein is required by the Medical Practitioner in the event of a child requiring treatment. The information given here is not intended to stop a child coming to a Camp or Outing. It is important for the well being of the child that this form be completed fully and accurately.

Are you in a Medical Insurance Fund? YES NO Name of Fund:.....

Medicare Number: .....

Has your child had a Tetanus Booster in the last 12 months?.....YES NO

Please complete and give as much information as possible where appropriate		
	(Circle) Yes/No	Details:
Heart Problems	Yes/No	
Respiratory Problems:		
• Asthma	Yes/No	
• Other	Yes/No	
Allergies		
• Food	Yes/No	
• Drugs	Yes/No	
• Ointments	Yes/No	
• Other	Yes/No	
Sugar Diabetes	Yes/No	
Blood Pressure	Yes/No	
Recent Operations	Yes/No	
Epilepsy	Yes/No	
Recent Illness	Yes/No	
Phobias	Yes/No	
Bed Wetting	Yes/No	
Others: List		

Medicines: Please give details of any medicines being taken by your child including dosage frequency etc.  
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I hereby authorise the Youth Co-ordinator or their representative to obtain such medical attention as may be deemed necessary and I understand that I am responsible for the costs. I further authorise qualified practitioners to administer anaesthetic and blood transfusion if the necessity arises. I am aware of the program and type of activities that my child should be participating in.

I hereby indemnify Christian Family Gympie its Officers, Leaders, Agents and Assistants against any claim for my child in relation to any injury or damage that they may sustain to their person or property.

I/We give CHRISTIAN FAMILY GYMPIE permission to use my details to contact me/my child for the purpose of future activities/events. Yes/no

I/We give permission for CHRISTIAN FAMILY GYMPIE to publish photos of my child in newsletters, printed promotional material and on the church website. Yes/no

Parent/Guardian Signature:.....

Date: .....

Our Privacy Policy is available through the church office, we may use your information to notify you of up-coming events and church news at Christian Family Gympie. If you have any queries or prefer we don't send you information - please email [admin@gympieaog.org.au](mailto:admin@gympieaog.org.au) or call 07 5482 1595.