



2023 EDITION

BREAKING THE SILENCE

CHILD REGISTRATION FORM

CHILD'S DETAILS:

Family name:	Given name/s:	
Preferred name:		
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address:		
Suburb:	State:	Postcode:
Child's phone:	Child's email:	

PARENT / CARER DETAILS

Name:	Relationship to child:	
Phone:	Email:	
Name:	Relationship to child:	
Phone:	Email:	
Is there a current Parenting Order or other legal arrangement regarding this child?		<input type="checkbox"/> Yes
If Yes , please attach details to this form.		<input type="checkbox"/> No

MEDICAL INFO:

Details (provide specifics about condition, severity and treatment):

Allergies (food, environment, medications etc.):	<input type="checkbox"/>	
Asthma – triggers and medications:	<input type="checkbox"/>	
Other medical conditions (including mental health):	<input type="checkbox"/>	
Any regular medications:	<input type="checkbox"/>	
Dietary requirements:	<input type="checkbox"/>	

**ADMINISTERING MEDICATIONS**

Paracetamol: I authorise the leaders of this program to administer one dose of paracetamol to my child as per the instructions on the medication. I understand that this authority is a guideline for administration of a specific dose. I understand the potential risks and side effects of this medication for my child. I understand that when possible, I will be contacted before the dose is given in each specific instance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have other medications to be administered during the program or activity? If Yes , a Medication Authority Permission Form must be completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY INFO:

If parents / carers cannot be contacted in an emergency, the person/s below will be contacted:

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

By signing this form, I authorise the leaders of this program, in the event of an emergency, to obtain at my expense any medical, ambulance or similar services considered necessary.

PERMISSIONS:

The following sections allows basic permissions to be given. Separate permission forms are needed to provide additional specific consent in these areas.

CONSENT FOR IMAGES

'Images' (photographs and/or video recordings) may be used for general purposes within this program and the church community. All images will be stored securely and used only as stated. Children's full names will not be used with images unless further parent / carer consent is obtained.

If circumstances change, parents / carers can inform us of their wish to withdraw this consent. We will then seek to remove the child's image where it appears in digital formats but may not be able to retract printed material. Individuals may also request specific images be removed.

I understand the information above and consent to my child's image being used as indicated:

Internal church use – accessible to the church community only.	<input type="checkbox"/> Yes <input type="checkbox"/> No
External church use – used in material available to the public.	<input type="checkbox"/> Yes <input type="checkbox"/> No

To provide consent for image use based on specific platforms, please complete a **Photo and Video Permission Form**.



CONSENT FOR TRANSPORT

I give permission for my child to travel home independently (e.g. walk / public transport)		<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for the following persons other than parents / carers to pick up my child from this program, as per a personal arrangement:		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Any **transport arrangements involving leaders** of the program must adhere to BTS guidelines, be approved by Session and have a completed **Transport Permission Form**.

CONSENT FOR CONTACT

I understand that unless a **Contact and Communication Permission Form** is completed, my child **will not** be contacted by leaders unless there is an emergency situation requiring it. Unless permission is given, contact and communication will occur through parents / carers using the contact details provided.

I understand that any private communications my child initiates with a leader will be shared with the other leaders of the program as a safe ministry measure.

AGREEMENT:

PRIVACY

Personal information collected is used only for purposes relating to the spiritual, pastoral, social, educational, administrative, legal and historical functions of the Church subject to the Church’s Privacy Policy in accordance with the Privacy Amendment (Private Sector) Act 2000. Your acceptance of this written advice will be regarded as your consent to collect and so use the information as described. If you do not consent please advise immediately. A copy of the Church’s Privacy Policy is available on the PCNSW website or upon request. Personal information will not be used for any other purpose without first obtaining your consent.

I agree that the information contained on this Registration Form is true and correct.

I agree that I will ensure that any changes to this information are advised in writing as soon as possible.

SIGNATURE

Parent / Carer’s Name:
Signature:
Date:

This form will be stored securely by _____.

If you have any questions or concerns, please contact _____.