KYCK 2027
PERMISSION FORM

CHURCH DETAILS

Church: _____

CHILD'S DETAILS

First Name: _____ **Last Name:** _____

DOB: _____ **Gender:** ☐ Male ☐ Female

Address: _____

Suburb: _____ **Postcode:** _____

Child's Email: _____ **Child's Phone:** _____
(Optional) (Optional)

School: _____ **School year:** _____

PARENT DETAILS / EMERGENCY CONTACT

Parent Name: _____ **Parent Phone:** _____

Parent Name: _____ **Parent Phone:** _____

Address: (If different from above) _____

Suburb: _____ **Postcode:** _____

HEALTH INFORMATION

Doctor: _____ **Doctor Contact:** _____

Can your child swim?: ☐ No ☐ Reasonably ☐ Strong

Date of last tetanus: _____

Allergies / medication / special diet / activity restrictions / behavioural issues: ☐ Yes ☐ No

Additional details: _____

_____

_____

_____

The leadership team of the aforementioned group will treat the information contained confidentially. This information may be shared with a third party when it concerns medical health or care of the individuals listed. If you wish to access this information or have any queries in relation to the manner in which we handle your personal information, please do not hesitate to contact us.

Phone 1300 737 140 | Email kyck@kcc.org.au
KYCK.ORG.AU

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RESTRICTIONS

Is there anyone who is legally restricted from seeing your child: ☐ **Yes** ☐ **No**

If '**Yes**', please attach copies of any supporting documentation (eg. AVO or Family Court Order)

PERMISSION

My signature below indicates that:

- **I consent to my child attending KYCK at Katoomba Christian Convention on** _____ **(date)**
- **I understand that my child will be attending under the supervision of** _____ **(leader) from** _____ **(church)**
- **I appreciate that every care will be taken by the leaders of the youth group.**
- **I give permission for my child to ride in leaders' cars during the weekend.**
- **I understand there will/may be photographs and or video footage of my child taken during this camp to promote the ministry.**
- **I give permission, in the case of a medical emergency, to the doctor chosen (either by the church authorities or other persons supervising or administering the activities), to secure proper treatment for and/or order hospitalisation, injection, anaesthetic or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.**

Name: _____ **Date:** _____

Signature: _____