



SERVING INFORMATION FORM

Program Name: _____

GENERAL INFORMATION			
Participant's name:		Date of birth:	
Parent/guardian name/s:			
Phone:		Email:	
<u>Dietary issues:</u> Is there anything your child can not eat and/or drink?			Yes / No
(If yes, please indicate foods or beverages your child should not consume.)			
<u>Medical conditions:</u> Please list any medical conditions or allergies, and any medication or special care they require. If your child is anaphylactic to any substance please provide information regarding EpiPen and management plan			

IN CASE OF EMERGENCY			
Contact 1:		Relationship to child:	
Phone:		Email:	
Contact 2:		Relationship to child:	
Phone:		Email:	

<input type="checkbox"/>	I authorise the leader in charge to arrange for my child to receive such first aid and medical treatment as a trained first aid person may deem necessary.
<input type="checkbox"/>	I authorise the use of calling an ambulance in an emergency.
<input type="checkbox"/>	I accept responsibility for payment of all expenses associated with such treatment.

Please read the follow statement and tick the boxes from which you wish to preclude your children:

<input type="checkbox"/>	I DO NOT give permission for my child to participate in activities outside of the normal meeting complex except where they are within reasonable walking distance.
<input type="checkbox"/>	I DO NOT give permission for my child to be transported in private cars arranged by the leaders of the group.
<input type="checkbox"/>	I DO NOT permit photos taken of my child to be displayed in church publications, e.g. website, newsletters, brochures, etc.

Transport authority: If I am unable to collect my child at the finishing time they may be transported home from the program with the following people:

Signature of parent/guardian: _____

Name: _____