



Individual Record/ Permission Form

CONFIDENTIAL

Parents/guardians should read and complete this form giving details about the child. The permission/indemnity sections should be carefully read and a response given to each section. In order for The Salvation Army to ensure a high duty of care for kids, it needs to collect personal information, including health related information. The information will be kept confidential and will only be used and disclosed with your consent and in accordance with the Army's Privacy Policy.

SALVATION ARMY KIDS' WORKERS

Salvation Army kids' workers are required to undergo child protection screening and training in safety and care procedures and duty of care.

Name of corps and activity:		
<input type="checkbox"/> Mini Kids - Freedom Celebration Sunday 8 th September 2013		
<input type="checkbox"/> Freedom in the Son – Kid's Worship Sunday 8 th September 2013		
Name of child:		
Date of birth:		
Address:		
Parents' phone: Home	Work	Mobile
Parents' email:		

Health History

Child's Medicare number:	Healthcare card number:		
Name of medical fund:	Contribution number:		
Is the child named on this form in an ambulance fund? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Family doctor:	Phone:		
Address:			
Pre-existing or present medical conditions:			
Name and dosage of any medications that must be taken:			
Please tick <input checked="" type="checkbox"/> if your child is allergic to:			
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Insect stings (please specify)	<input type="checkbox"/> Other drugs or food (please specify)	
Please tick <input checked="" type="checkbox"/> if your child suffers from:			
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy or blackouts	<input type="checkbox"/> Heart condition



<input type="checkbox"/> Other (please specify)
Can your child swim? (Please tick <input checked="" type="checkbox"/>) <input type="checkbox"/> No <input type="checkbox"/> Fair swimmer <input type="checkbox"/> Good swimmer
Please list any disabilities or activity restrictions (e.g. hearing or sight impairment, ADD or ADHD, behavioural issues, or any other)

Contacts

Parents'/guardians' names:		
Other contact person:		
Relationship to child (e.g. other family member, neighbour, family friend):		
Address (if different from child):		
Phone: Home	Work	Mobile
Email:		

Supervision Restrictions

Are there any relevant legal or custody matters, or orders, current or pending? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any other restrictions on the supervision of this child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Office purposes only:	DHQ notified
Date:	Name & role:

Permission/Indemnity Section

Please read the following points and tick your response for **each** section.

Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent to my child becoming a member of and taking part in the overall activities of this group.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I understand that if urgent medical attention is needed, that every effort will be made to contact the persons listed on this form. In the event that I cannot be contacted in an emergency, I give my permission for my child to receive such medical treatment as the leader may deem necessary.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I give my permission for my child to be transported in corps vehicles or private cars arranged by the leaders of the abovementioned group on those occasions when it is necessary.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent to information about my child being collected as required for activity specific permission forms and accident/incident report forms.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent to the use of any photographs or video footage that may be taken of the subject of this form to be used or shown as The Salvation Army sees fit.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent to my child's name being published if any photographs are used in Army publications.



I confirm that the information contained on this form is true and correct.

I agree to inform the leader of any change to these details.

I understand that all reasonable safety precautions will be taken at all times by the above mentioned group and that the leaders and those connected with the group cannot be held responsible for personal injury, loss or damage incurred by the subject of this form.

I also understand that The Salvation Army is part of the Christian church and as such will run this activity acting on those principles and beliefs.

Parent/guardian signature _____

Date _____

Please return this form to: _____

