

# CHILD INFORMATION FORM 2020

**Please Note:** Please fill this form as a priority for the safety of your child. Your child should not attend unless the **Child Information Form** is complete. Please complete one form for each child.

A **Kid Central Child Information Form** can be used for your child who may attend other Mount Barker Baptist Church events e.g. Mustard Seedz.

## General Information

Gender (Male/Female)

Name of Child .....

Preferred Name .....

Date of birth ..... / ..... / ..... School Year Level:.....

School Name: .....

## Household Information

Parents/Guardian Name:.....

Street Address:.....

Suburb:.....P/Code:.....

PO Box.....Suburb.....P/Code.....

Email Address: .....

Home Phone Number:..... Mobile Number:.....

## Health

Please define any medical condition (Asthma, allergy, diabetes, etc.) or disability

.....

Medication (Dose and Frequency) .....

Diet (Special Needs).....

Date of last Tetanus immunisation ..... / ..... / .....

## Medical Benefits

Medicare No. ....

Private Health Fund (details and no.) .....

Ambulance Fund (details and no.) .....

## Emergency Contacts

### First Contact

Name .....

Relationship to Child ..... Contact No/s .....

### Second Contact

Name .....

Relationship to Child ..... Contact No/s.....

Confidential



13 Victoria Road  
Mt Barker SA 5251

P 08 8398 2777  
E kidcentral@mbb.org.au  
W www.mbb.org.au

For Office Use Only

- Starkids
- Glu
- Trek
- Mustard Seedz

Entered

.....  
Signature



# AUTHORISATIONS FORM 2020

## Medical Authorisation

In the event of an emergency, accident or illness, I give permission for the leaders of **Kid Central** and Mount Barker Baptist Church to seek medical, ambulance or hospital attention as required and I will accept responsibility for all expenses incurred.

**I also** consent to my child receiving any medical, surgical or anaesthetic care, determined by the appropriate medical practitioner or hospital authority to which my child has been taken.

**I also** acknowledge that responsibility for sun protection remains with my child.

Signed .....

## Privacy Act Authorisation

The information being collected is done so by **Kid Central** on behalf of Mount Barker Baptist Church.

The information being collected from this form is for emergency and contact only and will only be disclosed to **Kid Central** leaders and Mount Barker Baptist Church staff in the event of an emergency. This information will be stored securely at all times and will be destroyed at the request of the family or when it is no longer in use. If this form is not filled out, your child is unable to attend **Kid Central** activities. The information gathered in this form will only be used in compliance with the 2012 Privacy Amendment Act and to ensure the efficient operation of Kid Central by Mt Barker Baptist Church, Ph: (08) 8398 2777, Web: [www.mbb.org.au](http://www.mbb.org.au). For further information on the privacy policy of Mt Barker Baptist Church please contact the Church Administrator.

**I do / do not** give permission for **Kid Central**, on the behalf of Mount Barker Baptist Church, to store the details contained in this form to be used only in the event of an emergency and for general pastoral care contact.

Signed .....

## Permission to Use Photos or Videos

At times **Kid Central** displays images of the activities that occur at Kid Central events through both photographs and videos. This provides Kid Central with an opportunity to communicate and promote Mt Barker Baptist Church to the community, church members, parents and youth.

**I do / do not** give permission for **Kid Central** to reproduce my child's photograph or video in printed or electronic form for the purposes of display and promotion.

Signed .....

## Final Authorisation

I acknowledge all information on these forms is true and correct.

Signed ..... Date: .....  
(Parent/Guardian)

**Please note:** If any circumstances described in this form change, the responsibility rests with the signatory to advise Kid Central of the appropriate changes.

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