

## Quench INFORMATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year/Grade: \_\_\_\_\_

School attend: \_\_\_\_\_

Parents/Guardian name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parents Email: \_\_\_\_\_

Medicare number: \_\_\_\_\_

**Dietary requirements and Allergy Information** Please also speak with leader

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONDITIONS and Medication** Please also speak with leader

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact (IF PARENT/ GUARDIAN IS UNAVAILABLE)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

I authorize the leader in charge of the above mentioned group to arrange for my son/daughter to receive such first aid, medical or surgical treatment as the leader may deem necessary at any time during the activities of our church. I further authorise the use of ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgment it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

There may be occasions when it is necessary to transport children or to walk to nearby facilities I DO/DO NOT give permission for my son/daughter to be transported by bus arranged by the leaders of Quench to designated site on program

I DO/DO NOT permit photos taken of my son/daughter to be used in Kids Church promotional material (brochures, posters, newsletters) to be distributed within the church or local community.

**I HEREBY GIVE PERMISSION FOR MY ABOVE MENTIONED CHILD TO PARTICIPATE IN QUENCH PROGRAM, AS A MINISTRY OF TOONGABBIE BAPTIST CHURCH.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Full name in print \_\_\_\_\_