

**Tuskawilla United Church Registration Form/Permission Slip  
CHILDREN**

**Personal Contact Details**

Family Name/s: \_\_\_\_\_ Name of Child: \_\_\_\_\_

Date of Birth:     /     /     Preferred Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Alternate emergency contacts:**

1.Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

2.Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Please give details (name, address and phone number) of other persons who you authorise to collect your child in your absence, while in the care of Tuskawilla United Methodist Church.

1. \_\_\_\_\_

2. . \_\_\_\_\_

Are there any family situations we should be aware of Such as custodial issues or other matters (please specify)

\_\_\_\_\_

**Permission to Participate in Program Activities**

I consent to my child taking part in the approved program of activities of the Tuskawilla United Methodist Church

**Signed Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Privacy Information**

*All the information recorded on this form is collected and managed in accordance with the Tuskawilla United Methodist Privacy Policy. This information has been collected for the primary purpose of Tuskawilla United Methodist Church and may be used for any activities conducted or promoted by Tuskawilla United Methodist Church.*

**Permission to be Photographed or Filmed**

I give my permission for my child to be photographed or videotaped. I understand that the image may be displayed in the church publications, church buildings or website. I understand that as a precaution my child's name will not be published or linked with photographs.

**Signed Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Confidential Medical Report**

*The information below is requested to assist in case of any illness or accident. This information will be held in confidence.*

**1. Please check if your child suffers from any of the following:**

- Heart Condition
- Blackouts
- Asthma
- Diabetes
- Other: (please specify) \_\_\_\_\_

**2. Is your child presently taking medication that we need to be aware of? Yes / No**

If yes, please state its name and dosage. \_\_\_\_\_

**3. Is your child allergic to:**

- Peanuts or other nuts
- Bee Stings
- Food (please specify) \_\_\_\_\_

**4. Please list any physical or special needs (e.g. Dietary requirements):**

\_\_\_\_\_

**Signature of Parent/Guardian:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_