



MOOROOLBARK BAPTIST CHURCH - YOUTH MINISTRIES
2011 EMERGENCY INFORMATION FORM



For Confidential Use Only

Name _____

Address _____

Telephone _____ Youth Mobile _____

Email _____

Date of Birth _____

School _____ Year Level _____

Contact persons* in case of emergency.
** Please do not supply the home phone, as we will try there first. Please only list a mobile phone if it is on 24 hours a day.*

CONTACT NO. 1	CONTACT NO. 2
Name _____	_____
Relationship _____	_____
Address _____	_____
Suburb _____	_____
Mobile _____	_____

When was your last tetanus injection? (Year) _____ Ambulance Subscriber: YES [] NO []

Medicare Number (optional): _____ Medical Fund: _____

Please tick if your child/self suffers from: Diabetes [] Asthma []
 Migraines [] Heart Condition [] Other [] please specify _____

Do you suffer from any allergies? (including food) If 'yes' please specify: (if required please write more details on back of this form –)

Do you take any medications? If 'yes' please specify:

Are you allergic to any medications? If 'yes' please specify:

Do you suffer from any illness, reaction or disability of which we need to be aware? If 'yes' please specify full details on reverse of this form:

Parent permission for Under 18's to travel with "P" Plate Drivers YES [] NO []

Our aim is that your child will feel welcome, have heaps of fun and be kept safe at Amplified. To help make this possible it is expected that when your child comes to Amplified they will act responsibly and follow all reasonable directions of the leaders. If your child is putting themselves or others at risk we will call you to come and take your child home.

Do you consent to Mooroolbark Baptist Church using photographs/videos for promotional purposes both in MBC and in the wider Mooroolbark Community (including on the www.mbc.org.au website)? YES [] NO []

In the event of an emergency, accident or illness, I give permission to the Youth Group Leader of the activity to seek Medical, Ambulance, Hospital attention for my child/self and I accept full responsibility for all expenses incurred.

****Signature:(Parent/Guardian if under 18 yrs)** _____

Name (print): _____ **Date:** _____