



Parental permission and contact form

I consent to my child(ren) listed below participating in child-related activities in the Anglican Parish of Enfield and Strathfield and provide the following information:

Child's name	Date of birth	Any allergies, disabilities or other conditions of which leaders should be aware e.g. toilet training (for transitional crèche)	Group(s) in which child participates

I understand that the above information will be provided to leaders of the relevant groups and that my child's/children's name(s) may be included on a roll for the group. I consent to photographs being taken of group activities in which my child(ren) participate that may be included on the parish website or other parish publications on condition that my child(ren) are not identified by name.

In my absence or unavailability, please advise:

Person's name	Relationship (if any) to children	Mobile

Medicare Number: _____

Private Health Insurance Provider _____ Member Number: _____

I authorise for a leader to arrange for my child(ren) to receive medical treatment from suitably trained first aid or medical personnel when they deem necessary if I am unable to be contacted.

I consent and agree to the above:

Parent/guardian name (printed)	Signature	Date	Mobile

CONFIDENTIAL WHEN SIGNED