

ALTERNATIVE EMERGENCY CONTACT

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

I authorise a ROCK youth group leader to arrange for my child to receive such first aid and medical treatment as deemed necessary.

I authorise the use of calling an ambulance by a leader if in his/her judgement it is necessary.

I accept responsibility of payment of all expenses associated with such treatment.

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

Please read the following statements and tick the boxes from which you wish to preclude your child/ren:

- ☐ I **do not** give permission for my child to participate in activities outside of the normal meeting complex.
- ☐ I **do not** give permission for my child to be transported in private cars arranged by the leaders of the ROCK youth group.
- ☐ I **do not** permit photos of my child to be displayed on noticeboards in the church, nor to be displayed in church publications (eg website, newsletters, brochures etc).

Signature of parent/guardian \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Thank you for providing this information. The safety and wellbeing of your child is our primary concern.



HOLROYD  
NewLife  
CHURCH  
PERMISSION FORM

Dear Parent/Guardian,

We would like to welcome you and your child/ren to Holroyd New Life Church and the ROCK youth group.

Thank you for trusting us to provide a safe place for your child/ren to explore the spiritual side of life. Here at Holroyd New Life Church we understand the need to provide a safe physical and emotional environment for your child/ren. We have taken several proactive steps towards creating a safe environment for your child/ren, including having a Member Protection Policy, screening youth leaders, and providing regular child protection training for leaders and helpers.

In the interest of keeping your child/ren safe, we ask that you take a few moments to complete the attached Child Information Form. All information on the form will be kept confidentially in the church records.

Our regular nights are held at the Greystanes Community Centre, 734 Merrylands Rd, from 7pm on Friday nights and they finish at 9:30pm. As part of our commitment to being safe, we ask that you please pick up your child/ren at this time.

From time to time we organise other activities not held at the Greystanes Community Centre (e.g BBQ's or ten pin bowling). Information about these events including their costs, meeting points and pick up times will be communicated in advance.

Thank you for your participation in helping provide a safe place for your children.

Regards, Janelle Watts  
Youth Leader, Holroyd New Life Church.

Check the youth group monthly calendar for dates and times of all activities (available on the website at [www.hnlc.org.au](http://www.hnlc.org.au) or from the church office 9896-2514). You can also contact us via email [therock@hnlc.org.au](mailto:therock@hnlc.org.au) or log into facebook/hnlc.RockYouth

Janelle Watts  
0450-236-393

## Child Information Form

**Please complete both sides, tear off and return to a youth leader.**

### GENERAL INFORMATION

Teenagers Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home \_\_\_\_\_ Mob \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_

Parents'/guardians' names \_\_\_\_\_

Parents' Mobile number \_\_\_\_\_

### MEDICAL INFORMATION

Please list any medical conditions or allergies, and any medication or special care they require: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child on a restricted diet? ☐ Yes ☐ No

If yes, please indicate foods or beverages your child should not consume \_\_\_\_\_

### IN CASE OF EMERGENCY – CONTACT NUMBERS

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_