

**COVENANT BIBLE-PRESBYTERIAN CHURCH**

Vacation Bible School — 2-4 October 2017 — Participant Details

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

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

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Name of Family Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

This information, that is required for each participant, will assist the organisers and helpers in the preparation and planning of the 2017 Vacation Bible School.

**STRICTLY CONFIDENTIAL**

**Medical Details**

Is your child subject to seizures, fainting, epilepsy, diabetes, or any other condition that may affect his or her safety during the 2017 Vacation Bible School? Yes  No

If "Yes", please give details: \_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to:

- Penicillin? (Please give details) \_\_\_\_\_
- Any other drugs? \_\_\_\_\_
- Any food? \_\_\_\_\_
- Other? \_\_\_\_\_

**Medication**

Parents/guardians are requested to make arrangements with the 2017 Vacation Bible School leaders for the safekeeping and handling of prescribed medications.

Is your child presently taking tablets and/or other forms of prescribed medications?

Yes  No

Does your child self-administer the medication? Yes  No

If "Yes", please state the name of the medication, dosage, and frequency of use:  
\_\_\_\_\_

If "No" and you require our assistance, please advise.  
\_\_\_\_\_

**Other Information**

Please provide any other information about your child, which will enable the organisers of the 2017 Vacation Bible School to provide better care for your child:

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

## 2017 VACATION BIBLE SCHOOL CONSENT FORM

I am aware that the organisers and helpers of this program will take all reasonable care while the children are in their charge to protect them from injury and to control and supervise their behaviour and activities. Organisers and helpers are not responsible for injuries or damage to property which may occur where, in all circumstances, organisers and helpers have not been negligent.

I am aware that any costs incurred as a result of accident or illness are my responsibility and that the Covenant Bible-Presbyterian Church and the organisers of the 2017 Vacation Bible School are not responsible for any loss or damage to my child's personal property that may occur during the course of the 2017 Vacation Bible School.

I have completed the 2017 Vacation Bible School Participant Medical Details and I have provided all the required information on this form.

I agree to inform the organisers of the 2017 Vacation Bible School program before the scheduled program date of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be necessary, organisers will arrange to present my child for medical assessment.

I have read and understood the information regarding the 2017 Vacation Bible School program and give consent for my child \_\_\_\_\_  
to attend the 2017 Vacation Bible School organized by Covenant Bible-Presbyterian Church and held at 47 Davis Road, Attadale, Western Australia, from Monday 2 October to Wednesday 4 October, 2017.

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

\_\_\_\_\_  
Date