

SAFE KIDS
CARE INFORMATION

CHILD'S NAME IN FULL:
CHILD'S DATE OF BIRTH:.....
ADDRESS:
.....POSTCODE.....
TEL NO. - HOME:WORK/MOBILE:.....
NURSERY OR SCHOOL:YEAR:

EMERGENCY CONTACT: Please give details of an adult to be contacted if necessary, should the Parent/Carer be unavailable

EMERGENCY CONTACT:
RELATIONSHIP TO CHILD:
ADDRESS:
TELEPHONE NO - HOME:WORK/MOBILE:
PLEASE DETAIL RELEVANT MEDICAL INFORMATION (EG. ASTHMA, **ALLERGIES**, HEARING, DIET ETC):.....
.....
.....

Please give us any information which will help your child to enjoy themselves at **SAFE KIDS**:.....
.....
.....

EMERGENCY MEDICAL TREATMENT

We need your permission to provide Emergency Treatment for your child should the need arise during their time with us. This will be used in cases where:

- 1) Delay of Emergency Medical Treatment would cause further injury
- 2) The Parent and Emergency Contact cannot be contacted

I hereby give permission for **SAFE KIDS** workers or other authorised person ie. Health Professional to administer Emergency Medical Treatment in my absence.

PARENT'S NAME:..... **PARENT'S SIGNATURE:**.....

OUTINGS

At times during the session your child may be given the opportunity to leave the premises in an organised group supervised by **SAFE KIDS** workers and/or other approved adult(s). Because good weather is necessary, or at least preferable for many of these outings, it is not always possible to notify parents/guardians in advance. For this reason we would be obliged if you could sign the statement below to allow your child to be included in these activities.

I would/would not* like my child to be included in organised outings during the session
*delete as applicable

Parent's Signature: Date:

INSURANCE

newhope church holds Employer's Liability Insurance and Public Liability Insurance, as well as Contents and Buildings insurance. Employer's Liability Insurance insures against claims from third parties who have suffered injury, illness or damage due to **newhope church** or its employees negligence. However, if there is no negligence, no claim will be accepted.

PERMISSION FOR PHOTOGRAPHS

I agree/do not agree* to allow my child to be photographed or video-recorded in connection with **SAFE KIDS** activities. *delete as applicable

I agree/do not agree* to allow my child to participate in special activities.

I agree/do not agree* to my child being photographed or video-recorded in connection with these special activities. I understand that such participation may lead to my child being photographed or video recorded and to possible inclusion in church publications

Parent's Name:

Parent's Signature: Date:

SAFE KIDS Additional Information

If your child becomes upset or disruptive at **SAFE KIDS** we will notify you and if they do not settle we will return them to you.

SAFE KIDS will run every Sunday during term time, after communion until 12.45pm, when your child/ren will be returned to the main auditorium. Your respect for these guidelines will be appreciated.

On the first Sunday of every month **SAFE KIDS** will run from 11 am 'til 12.45pm as part of our jamboree celebration.

PLEASE KEEP ONE COPY OF THIS FORM FOR YOUR RECORDS, AND IF ANY OF THE DETAILS THAT YOU HAVE GIVEN US CHANGE, PLEASE NOTIFY US IMMEDIATELY.