

Beacon Youth Personal and Medical Information



Please complete this form and return to:			
Name	Jacob Stedman	Phone	0466915811
Email	youth@beacon.org.au		

In an effort to give the best care to those entrusted to us, we would appreciate it if this form could be completed and returned to us at the next activity. To maintain up to date information we ask to be advised if any of the following details in this form change. Thank you.

Beacon Community - A Baptist Church is committed to protecting your privacy.

We collect the information on this form to ensure participation in Beacon Youth is as enjoyable and safe as possible. Failure to supply the information will prevent participation in Beacon Youth as we are committed to providing a caring and safe environment.

Personal information collected by us is only used or disclosed for the purpose of running Beacon Youth. However, in order to provide a caring and safe environment the information may be used or disclosed to provide emergency health care and recording incidents.

In the event of a combined activity appropriate information we collect on this form may be disclosed to other organisations. If you do not wish this information be disclosed please cross this box: ☐

If you wish to make an inquiry or complaint regarding the way your personal information is being handled by us you can do so by writing, telephoning us or by sending an e-mail.

If you wish to access any personal information held about you, you may contact the Church Office.

Beacon Community - A Baptist Church			
Address	PO Box 5088		
Suburb	BRASSALL	Postcode	4305
Email Address	office@beacon.org.au		

Our commitment to you

We recognise the trust you have placed in us as we seek to assist you in the developing of children into adulthood. It is our commitment to do all we can to provide a safe, positive environment that will help participants to develop positive self-worth, care and concern for others and an understanding of God and His love for humankind. As leaders we will strive to be trustworthy, faithful and responsible in our ministry to those entrusted into our care and seek their best at all times.

We seek your support by:

- Coming into Beacon Community when you drop off or collect participants (not just drop them off in the car park)
- Advising us of any changes to the details contained in their Personal Medical Form
- Speaking directly with the Senior Pastor Peter Clarke regarding any questions or concerns

Our normal programming arrangements for Beacon Youth are as follows:

Ages For those in years 7-12 of school

Friday night Please check with the Beacon Youth programme for up to date information.

Time 7:00pm to 9:00pm (welcome from 6:30pm)

Where Unless otherwise advised, Beacon Youth meets at Beacon Community – A Baptist Church
34a Workshops Street Brassall (Entry through the Healthworks Gym and Brassall Early Learning Centre car park)

Church Office Ph 07 3201 5088 (Monday-Wednesday)

E. youth@beacon.org.au

W. www.beacon.org.au

Any changes to our regular activities will be shown in the program for each month/term. While every endeavour will be made to start and conclude on time, there may be occasions when late changes may occur. We will do our best to contact you to avoid any inconvenience.

Alternatively the following leader can be contacted on the relevant mobile phone:

Jacob Stedman : 0466 915 811

We value your support and would encourage any feedback on how we can assist further.

God bless

Beacon Community – A Baptist Church

Personal Details				
Details of the participant. *Please complete a separate form for each person				
First name		Last Name		
Preferred Name		Male/Female	Date of Birth	
Address				
Suburb		Post Code		
Phone		Participant's Mobile		
Participant's Email				
Do you consent to the appropriate use of images of your child (e.g. photos/videos) taken at this program to be used in publicising this program (including print and electronic media)				
				Yes / No
Custody Details				
Is there a current Custody Order regarding this Child?			*Yes / No	
*If Yes, please attach a copy of Custody Order				
Medical details				
Does your Child have any of the following?				
Allergies:	(E.g. Bee stings, penicillin, aspirin)			
Dietary requirements:	(E.g. Lactose intolerant)			
What was the year of your Child's last tetanus injection?				
Other relevant information:	(E.g. Asthma, bedwetting, impairment, migraines, dizzy spells, behavioural)			
If Asthma; has it required hospitalisation in the past?		Yes / No		
Are there any self-administered medications that may be taken?			Yes / No	
(E.g. Ventolin/salbutamol, insulin)				
If YES, please attach any instructions on the medication's administration (E.g. frequency, amounts)				
Is paracetamol allowed to be taken?		*Yes / No		*Parents to supply
Please rate your Child's swimming ability		Poor Fair Good		
Are you covered by private medical insurance?		Yes / No		
Insurance provider's name				
Policy Holder's name/number				
Medicare Number				
Emergency contact details		Contact 1		Contact 2
Contact Name				
Relationship to Child/youth				
Business Hours Phone				
After Hours Phone				
Mobile Phone				
Email Address				

I/we understand that every effort will be made to provide a safe environment for my/our Child to participate in. However, in signing this form I authorise the leaders, in the event of an emergency, to obtain at my/our expense, any medical, ambulance or similar services considered necessary by the leaders.

Transport

Please respond to the following

I/we authorise our Child to make his/her own way home (E.g. Bike, walk)	Yes / No
I/we authorise our Child to travel in a car driven by an approved leader or parent.	Yes / No
I/we ask that my/our Child be collected from the various activities only myself/ourselves or by the following people, unless I/we notify you of prior arrangements that have been made.	
Name	Contact Number
Name	Contact Number
Name	Contact Number
I/we authorise our Child to travel in a car driven by a driver holding a provisional 'P2' drivers licence.	
Yes / No	

I/we hold a current driver's licence and are available to drive Children/youth to various activities when needed in a car that is roadworthy and carries third party insurance.

Yes / No

Conduct

I/we recognise that being a part of a community involves mutual care and consideration and therefore agree that unacceptable behaviour may result in our/my Child being sent home and/or being temporarily or permanently prohibited from attending Beacon Youth.

Signature of parents/guardians or your own (if over 18 year of age).

Name	Signature	Date
Name	Signature	Date

We appreciate the time you have taken to complete this form. In an effort to provide the best possible care for your Child, we ask to be advised us if any of the details in this form change.

Thank you.