



St. Kevin's, Templestowe

26-44 Herlihy Road, Templestowe Lower 3107

Parish Office: 9850 5983

Parish Website: stkevinsparish.org.au

Youth Group Email: tgiyg17@gmail.com

2023 Children's and Youth Ministries Registration Form

This form is to be filled out by the parent/guardian of the participant/s and is intended for communication purposes and to assist leaders in case of any medical emergency. This information will not be shared with outside parties without your permission unless required by law.

The information provided is valid for all St Kevin's children's/Youth programs for the year 2023. Please advise of any change to these details throughout the year.

Child's name	Date of birth	Year level in 2023

Parents/Guardian's names.....

Address:.....

.....Postcode:.....

Home Phone:.....Mobile/Name (1):.....

Email:.....Mobile/Name (2):.....

Emergency Contact Details (if unable to contact the above)

Name:.....

Relationship to Participant:.....

Phone :.....

Names of people allowed to collect my child in the event that I am unable:

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Medical Information / Consent Form

Medicare No:.....

Private Health Fund Name.....Number.....

Are you an ambulance subscriber? Yes/No Membership No:

If you choose **not** to provide the above details, please sign:

Signed:

(Parent/Guardian)

Medical Conditions

Does your child take/require any medication?

Yes ☐ No ☐

If yes please write or attach details (tablets, injections, dosage)

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Can your child self-administer medication if required?

N/A ☐ Yes ☐ No ☐

(Please discuss any special concerns or action plan to be followed in an emergency with Josh at the time of registration.)

Details of allergies & treatment if required.....

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I authorise the leaders in charge of any activity conducted by St Kevin's Parish, Templestowe to consent on my behalf, where it is impractical to communicate with me, for my child to receive medical or surgical treatment as may be deemed necessary. I am also responsible for the cost of any medical treatment deemed necessary.

Yes ☐ No ☐

Food Requirement

Does the child/youth have any special food requirements?

Yes ☐ No ☐

If yes please give details

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Photo/Video Permission

I authorise for my child to be included in photos and/or videos that may be used to promote St Kevin's ministries in a way that does not identify their name or personal details. Yes ☐ No ☐

Signed: **Date:**/...../2023

(Parent/Guardian)