Dear Parent/Guardian,

We would like to welcome you and your child/children to Eastern Hills Community Church’s Kids Church or Youth Group program.

Thank you for trusting us to provide a fun, safe place for your child/ren to explore the spiritual side of life.

Here at ehills we understand the need to provide a safe physical and emotional environment for your child.

All youth and children’s leaders and hosts of events are screened with a working with children’s check or drivers check if appropriate before they are allowed to work with children and young people.

In 2015 all children under 12 must be signed in/out of Sunday programs. All children under the age of 5 must be toileted by their parent. Parents must keep a mobile phone on them as leaders will text them if their child should require them for any reason throughout the Sunday program. The text will just indicate the program the parent must come to. Eg. Creche.

A permission form must be filled in before children under the age of 18 participate in any off site events/activities.

In the interest of keeping your child/ren as safe as we can, we would ask that you take a few moments to complete the attached Child Information Form for each child. All information on the form will be kept confidentially in the church records. Please return to Emma Morgan or the leader of the event you are attending.

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

Emma Morgan (pastor)

***Eastern Hills Community Church***

**Information Form**

**Eastern Hills Community Church Program: Kids/Youth Program**

Participants Name: Date of Birth:

Parents’ or guardians’ names:

Home no: Mobile: Email:

**MEDICAL INFORMATION**

Medical conditions:

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

DIETARY RESTRICTIONS: 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 NUMBER**

Name: Relationship to child:

Phone: (h) (m)

ALTERNATIVE EMERGENCY CONTACT

Name: Relationship to child:

Phone: (h) (m)

 I authorize the leader in charge of the eastern hills program to arrange for my child to receive such first aid and medical treatment as a trained first aid person may deem necessary.

 I authorize the use of calling an ambulance by the first aid trained leader if in his/her judgment it is necessary.

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

*Please read the following statement and tick the boxes from which you wish to preclude your children:*

 I DO NOT give permission for my child to be transported in private cars arranged by the leaders of the above named group.

 I DO NOT permit photos taken of my child to be displayed in church publications. Eg. Website, brochures etc.

**Transport Authority:** If I am unable to collect my child at the finishing time they may be transported home from the program with the following people:

**Drop/Collect Authority:** If I am unable to drop/collect my child from the onsite crèche or kids church program. I authorize the following person(s) to do so:

Signature of parent/guardian: Name: Date: