



**GOOD SHEPHERD LUTHERAN CHURCH PARA VISTA
FORM 4: YOUTH SPECIAL PERMISSION FORM**

Resource Code CSE2-RR

NAME OF EVENT AND DATE: _____

This form must be completed for all young people wanting to attend youth events that are not held at Good Shepherd Lutheran Church Para Vista (for example Youth Alive Rallies). In order for us to provide the best level of care while your young person is under our supervision, we require that you fill out and return the permission form below. The information provided below will be treated confidentially within our team.

YOUTH PERSONAL CONTACT DETAILS

Given name: _____ **Surname:** _____ **Preferred name:** _____

Sex: Male/ Female **Date Of Birth:** ____/____/____

Address: _____

Suburb: _____ **Post code:** _____

Mobile Number: _____

PARENT/ CAREGIVER PERSONAL CONTACT DETAILS

Name: _____ **Relationship to young person:** _____

Contact number: _____

SAFETY AND CARE DETAILS

In the case of an emergency, please list the phone numbers where you and another trusted adult may be contacted during the course of the program.

Name	Relationship to young person	Contact number

Are there any medical or psychological conditions which require special attention that we should know about e.g. diabetes, asthma, allergy to bee-sting, other allergies including food, hearing or sight impairment, ADHD, behaviour issues, formal counselling situations, or any other? Please list below:

Who will collect your young person at the end of the event? Please nominate either yourself or another trusted adult:

Your Agreement With Us

Do you give consent for your young person to attend the _____ event? Yes/ No

Do you consent to the appropriate use by us of photographs taken at the event that include your child? (For example, inclusion in our newspaper or in our brochure or placement on our web page.) Yes / No

Do you consent for your young persons contact details to be given to the youth leaders so that they can communicate when youth is on, encourage your young people to attend youth, church and any other related events and keep in contact with them? Yes/ No

I understand that although the leaders will take all reasonable care to ensure both the comfort and safety of my young person, there is still a risk that an accident may occur. I give permission for leaders to seek appropriate medical assistance and I agree to cover any cost this may incur.

Name of Caregiver

Signature of Caregiver

Date
