



**ALDINGA BAY BAPTIST CHURCH**  
**ANCHOR YOUTH**  
**A SURE HOPE IN CHRIST**

**INDEMNITY CONSENT FORM 2017/18**

Students Contact Details

Students Name: .....  
 Date of birth: ...../...../..... School.....Year Level:.....  
 Address: .....  
 Students Email: .....  
 Home Phone: ..... Students Mobile: .....

Parent/Guardian Contact Details

Parent/Guardian's Name(s): .....  
 Parent/Guardian 1 Mobile ..... Parent/Guardian 2 Mobile .....

Alternate Emergency Contact

Name: ..... Relationship to child: .....  
 Phone: (H)..... (M) .....

Authorisation and Consent

I give my consent for the above-named child to become a member of **ANCHOR YOUTH**, a ministry of the Aldinga Bay Baptist Church Inc, and attend its Youth Group activities.

I authorise the Youth Leaders of the above-mentioned group to arrange for my child to receive any first aid and/or medical treatment that the leaders deem necessary. I further authorise the Youth Leaders to arrange for the use of an Ambulance for my child if, in his/her judgment, it is necessary. I understand and accept that it is my responsibility to cover all expenses associated with such medical treatment.

I give my consent for my child to participate in **ANCHOR YOUTH** activities which are outside of the normal Youth Group meeting complex at various locations in Adelaide. I further give my consent for my child to walk and/or be transported (including in private vehicles and by coach or public transport) to those locations under the supervision of Youth Leaders.

*If applicable:*

I do not give consent for the following person/s to contact or collect my child while at **ANCHOR YOUTH** activities (please provide details of the person/s and any Court order related to such person/s):

.....  
 .....

**SIGNATURE OF PARENT/ GUARDIAN:**.....

Name: (please print): ..... Date: ...../...../.....

*Photo / Video Release*

I give permission for **ANCHOR YOUTH**, a ministry of the Aldinga Bay Baptist Church Inc to use pictures/video of my child that may be shared with the public (i.e. Facebook, church website etc).

- Yes, I give permission
- No, I do not give permission

-please turn over-

**CONFIDENTIAL MEDICAL DETAILS**

*The information below is requested to assist in case of any illness or accident and will be held in confidence by the Youth Leaders.*

a) Please tick if your child suffers from any of the following:

- heart condition                                       sleepwalking
- blackouts     migraines
- asthma     travel sickness
- other *(please specify)* .....

b) Is your child presently taking any medication? If yes, please state the name of the medication and the reason for it being taken.  
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c) Please tick if your child is allergic to any of the following:

- Bee Stings
- Penicillin
- Other drugs *(please specify)*: .....
- Foods or food additives *(please specify)*: .....
- Anything else *(please specify)*: .....

Should your child have an anaphylaxis management plan, please provide us with a copy.

d) Last tetanus immunization: .....

**Please list any relevant physical or other special needs your child may have: (e.g. dietary requirements, behavioural conditions, etc...)**

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If you have any questions in relation to this form, please contact either Nathan Randall on 0433023674 or the Aldinga Bay Baptist Church office on 8556 5570.

Thank you for your assistance with this information.

Please return your completed forms to Nathan at an **ANCHOR YOUTH** night or via mail to the church office.

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[church@aldingabaybaptistchurch.org.au](mailto:church@aldingabaybaptistchurch.org.au)