

**Note:** In this form “ACSQ” means The Corporation of the Synod of the Diocese of Brisbane, trading as the Anglican Church Southern Queensland.

**Guidance**

- This form is to be used by parishes and other mission agencies when holding a child-related activity where children are under, or expected to be under, the care and supervision of a priest, lay person, representative, employee or volunteer of that parish or mission agency.
- A copy of this form should be completed for every child expected to participate in the Activity.
- This form is to be for both regular/on-going activities (e.g. weekly youth groups), as well as for special/one-off activities (e.g. youth group camps or offsite excursions).
- For regular and/or on-going activities, this form may apply for as long as the activity continues, as provided under Section 1 of this form, e.g. a day, a term, a year etc.
- This form should be completed even when the child’s parent/guardian is present for the activity.

**SECTION 1 [TO BE COMPLETED BY PARISH/MISSION AGENCY]**

<b>Parish / Mission Agency</b>		North Pine Anglican Church
<b>Type of Activity</b>	<input checked="" type="checkbox"/> Regular/Ongoing Activity	<input type="checkbox"/> One-Off/Special Activity
<b>Child-Related Activity</b>	Activity	Kids Church
	Date of Activity (or Date Range)	January 2023 - January 2024
	Starting Time	9am (Sundays)
	Finishing Time	10.15am (at end of 9am Service)
	Location/Address	Hall at St John’s Petrie - Cnr Dayboro Rd & Wyllie St
<b>Activity Leader / Contact Person</b>	Name	Serani Paii
	Telephone	0456 255 157
	Email	serani@northpineanglican.org.au
<b>Transport Arrangements [if applicable]</b>	Name(s) of Driver(s)	/
	Pick-Up Location	
	Drop-Off Location	
	Telephone	

**SECTION 2 [TO BE COMPLETED BY PARENT/GUARDIAN OF PARTICIPATING CHILD]**

<b>Participant Child</b>	Name		
	Date of Birth		
	Gender		
	Telephone		
	Address		
<b>Parent/Guardian</b> [provide 1 or 2]	Name		
	Relationship to Child		
	Telephone		
	Email		
	Details of any Custody Concerns for Child		
<b>Emergency Contacts</b> [if applicable]	Emergency Contact		Tel:
	Family Doctor		Tel:
	Specialist (if any)		Tel:
<b>Medical Information</b>	<p>Does the Participant Child have any medical condition that may affect their participation in the specified Activity? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If the above answer is yes, please complete the Medical Details section below. If the above answer is no, you may skip the below.</p> <p><b>Medical Details</b></p> <p>Does your child have or experience any of the following conditions (tick any that apply, if relevant to the activity, and provide details in the space provided).</p>		
	<input type="checkbox"/> Allergies		
	<input type="checkbox"/> Asthma		
	<input type="checkbox"/> Seizures		
	<input type="checkbox"/> Special dietary needs		
	<input type="checkbox"/> Other, please specify		
	<p>Has the child even been given penicillin? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, was there any adverse reaction to penicillin? YES <input type="checkbox"/> NO <input type="checkbox"/></p>		
	Medicare Number		
	Health Fund Name (if any)		
	Any other relevant matter concerning child's health		

**Consent Declaration**

As parent/guardian of ....., I.....:

- give my permission for them to take part in the specified Activity, including via the specified transport arrangements (if any);
- authorise ACSQ to obtain medical information and attention for my child which they consider necessary in the event of illness or injury and will indemnify ACSQ for any medical costs so incurred;
- authorise ACSQ to contact my child’s doctor and/or specialist (as listed on the Emergency Contacts section) in the event of an emergency;
- agree to take responsibility for any costs incurred in the event that my child has to make an unscheduled return from the Activity for any reason including unacceptable behaviour, as determined by the activity leader;
- understand that ACSQ, its officers, employees and volunteers will exercise all reasonable care and control over the children participating in the Activity but will not be responsible for or liable in respect of any illness or injury my child may suffer during the Activity; and
- indemnify ACSQ and its officers, employees and volunteers against any liability, loss, damage or expense (including legal costs) incurred in dealing with any claim in relation to damage to or loss of property caused by the wilful act of my child.

**Collection Notice / Privacy**

ACSQ collects personal information, including sensitive information, about people wishing to participate in church activities.

The primary purpose of collecting information in this form is to allow ACSQ to consider the appropriateness of your child’s participation in the Activity, to enable ACSQ to operate the Activity in a safe, healthy and fun way as well as ensuring that ACSQ can contact you in the event of an emergency involving your child.

ACSQ collects, uses, discloses and stores personal information in accordance with the *Privacy Act 1988* (Cth), including the Australian Privacy Principles (APPs).

This form will be stored permanently and securely by the relevant parish/mission agency for legal, insurance and governance purposes.

ACSQ may share you/your child’s personal information with the Activity Leader as well as other employees and volunteers of ACSQ involved in the running of the Activity on a need to know basis.

If ACSQ does not obtain the personal information on this from you/your child, it will not be possible for your child to participate in the Activity.

You may seek to access or to correct personal information collected about you/your child by contacting the General Manager, Anglican Church Southern Queensland. Access to and correction of personal information is dealt with in accordance with ACSQ’s privacy policy located at <https://anglicanchurchsq.org.au/privacy/>.

You may make a complaint in accordance with the ACSQ Privacy Policy if you believe ACSQ has breached the APPs.

**By signing this Form, I consent to ACSQ collecting, using, disclosing and storing my and my child’s personal information in accordance with the collection notice above and ACSQ’s privacy policy.**

<p><b>Use of Images</b></p>	<p>I acknowledge that, during the Activity, photographs and video footage (“<b>Images</b>”) may be taken for the purposes of the parish/mission agency’s website, Anglican Focus magazine, third party social media sites or for other material produced to promote or distribute news in relation to the parish/mission agency (“<b>Purposes</b>”).</p> <p>I Do / Do Not (circle as appropriate) consent to ACSQ using the abovementioned Images for the Purposes as set out above.</p> <p>I Do / Do Not (circle as appropriate) consent to my child’s names (where appropriate) being used in conjunction with these Images.</p> <p>Your consent or otherwise to the use of your child’s Images will not affect your child’s ability to participate in the Activity.</p>	
<p><b>Signature</b></p>		<p>Date:</p>

**SECTION 3 [TO BE COMPLETED BY THE PARTICIPATING CHILD]**

<p><b>Participant Child’s Declaration</b></p>	<p>I ..... agree to show respect to leaders and the other participants and to co-operate with all lawful rules and instructions.</p>	
<p><b>Signature</b></p>		<p>Date:</p>