

**TRUE JESUS CHURCH
AUSTRALIA COORDINATION BOARD**

STTTC FORM B (TO BE FILLED BY PARENTS/ GUARDIANS OF APPLICANTS BELOW THE AGE OF 16)

Name of Student:				
Address:				
Age:	D.O.B: / /	Sex:	Height:	Weight:
Emergency Contact: Name:				
Phone:		(hm)	(wk)	(mob)
Private Medical Cover; Y/N: (details)				
Doctor's Name:			Phone:	
Does your child suffer from: Any chronic injury or illness? Y / N:				(details)
Asthma? Y / N : Triggers:				(details)
Does your child have any allergies? (e.g. drugs, food, plants) Y / N:				(details)
Does your child suffer from: Heart Problems? Y / N:				(details)
Blood Pressure? Y / N:				(details)
Does your child have any emotional / behavioural disorders? Y / N: Phobias? Y / N				
If yes please specify:				
Does your child require medication? Y / N May we administer Paracetamol/ Nurofen if required? Y / N				
Has your child been ill or required medical attention in the last four (4) weeks? Y / N				
If yes please specify:				
If your child has seen a doctor in the last four weeks please attach a medical certificate consenting to their attendance.				
Date of last tetanus injection: _____ (if your child's tetanus is not current please see your doctor)				
Does your child: Wet the Bed? Y / N		Sleepwalk? Y / N		Suffer travel sickness? Y / N
Special Dietary Requirements?				
If your church/ ward is unable or is restricted in attending daily exercises; please outline reasons:				

PARENT or GUARDIAN CONSENT

As parent / guardian, I understand that the TJC ACB, the ETD, the local church council, the organising committee and the counsellors will take reasonable care for the welfare and safety of those attending the STTTC and minimise risks to participants but are not responsible for any accident or sickness otherwise occurring. I acknowledge that in attending the STTTC my child / ward will need to participate in a daily and reasonable exercise regime.

I have detailed herein and on any attached pages any disabilities or susceptibilities affecting my child / ward that may place him / her at greater than normal risk. I authorise the TJC ACB, the ETD, the local church council and the counsellors to obtain medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I am able to obtain private insurance cover for my child / ward in respect of any accidents or sickness at the STTTC. Should my child / ward need to be returned home for any reason I will cover any associated costs.

I consent to my child / ward attending camp on this understanding.

Signature of Parent / Guardian

Full Name of Parent / Guardian

Date

The information provided by participants is obtained for the purpose of supporting church workers and providing continued high quality program. It will be used by the TJC ACB/ local church to meet the duty of care and child protection responsibilities of the organisation and to support the information needs of the church workers and participants. The information will only be disclosed for purposes directly related to the purpose for which it is collected.