Armidale District Baptist Church
Sharing the love of Jesus Christ in Community

Personal Information Form: Camp

Approved: 12 July 2026

PERSONAL DETAILS		
Surname:		
Given Names		
Date of Birth (date/month/year):		Male / Female:
Address:		
Phone:	Email:	
Medicare Number:	Position on card:	Expiry Date:
Any Medical Conditions or allergies: (circle one) Yes / No		
Please list any medical conditions or allergies, and any medication or special care required. (e.g., If anaphylactic to any substance, please provide information regarding management . Provide asthma management plan) *If medication needs to be administered, please give clear and precise instructions here*		
Dietary Restrictions:		

Parental/Guardian Permission for young person under 18yrs of age

PARENT / GUARDIAN DETAILS	
Parent / Guardian Name:	
Home Phone:	Mobile:
Emergency Contact Name:	
Home Phone:	Mobile:

I hereby give permission for the above-named child to attend the camp run by Armidale District Baptist Church.

I understand that every precaution will be taken to ensure the welfare and safety of my child by Armidale District Baptist Church, its leaders and volunteer workers, and any person acting on their behalf. I hereby release them, as much as permitted by law, from all liability in the event of an accident or misfortune that may occur to my child and for any damage or loss of their property.

In the case of an emergency, I authorise the Leader in Charge to call an Ambulance and I agree to pay for any Ambulance or Hospital fees that may occur. I understand that every effort will be made to contact me prior to instituting such procedures.

Signed: (Parent/Guardian)	Date: