ARMIDALE DISTRICT BAPTIST CHURCH
Sharing Christ's Love in Community

Children and Youth Ministry Permission Form

Approved: 12 July 2026

Programs Attended by child: (✓ tick all ministries your child attends)

☐ Kids Church (10am Sunday)	☐ Sunday School (12 noon Sunday)
☐ Mid-Week Fellowship Children's Program	☐ Mid-Week Fellowship Youth Program
☐ Sunday Creche (12 Noon Sunday)	☐ Other

PARTICIPANT'S DETAILS	
Surname:	
Given Name:	
Date of Birth (date/month/year):	Male / Female:
Address:	
Parent/Guardian name/s:	
Phone:	Email:
Dietary Issues: Is there anything your child cannot eat and/or drink? (circle) Yes / No	
If "yes", please indicate foods or beverages your child should not consume.	
Medical Conditions: Does your child have a medical condition or allergy? (circle) 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)	

In Case of Emergency

Please provide details for two emergency contacts.

Emergency Contact 1	Relationship to child:
Name:	Phone:
Emergency Contact 2	Relationship to child:
Name:	Phone:

- ☐ I authorise the leader in charge to arrange for my child to receive such first aid and medical treatment as a trained first aid person may deem necessary.
- ☐ I authorise calling an ambulance in an emergency.
- ☐ I accept responsibility for payment of all expenses associated with such treatment.

Please read the following statements and tick the boxes that are appropriate for your child:

- ☐ I **DO** give permission for my child to be transported in the ADBC Church Buses and private cars arranged by the leaders of the ministry.
- ☐ I **DO NOT** permit photos taken of my child to be displayed in church publications (E.g. website, newsletters, brochures etc.)

Consent

I consent to the information contained in this application, including any subsequent pages, to be kept by our church. I understand that this information will be kept in a confidential file.

Parent / Guardian Signature

Name of Parent/Guardian:	
Signature:	Date: