

# TOOWOOMBA WESLEYAN METHODIST CHURCH



## Sunday School Permission Form 2020

I \_\_\_\_\_ give permission for my child/children to participate in all Sunday School activities.

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Additional Emergency Contact Name and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Child #1	Child#2
<b>Full Name:</b>		
<b>DOB and Grade:</b>		
<b>Medicare Number (including individual reference number)</b>		
<b>*Allergies Medical Conditions:</b>		
<b>Other details we should know:</b>		
<b>**Public and Internet Photo Permission (please sign)</b>		

\* Should your child require emergency medical treatment we will immediately call an ambulance and then call your child's emergency contact. We will be guided by ambulance Paramedics as to where they will convey your child. If you wish to specify which hospital/medical centre please advise: \_\_\_\_\_

**PTO**

\*\* I give permission for any photographs of activities that have been taken of my children to be used in

- newsletters, presentations or videos promoting the programs and activities of the Toowoomba Wesleyan Methodist Church      Yes/No
- Church website      Yes/No
- Church Facebook page      Yes/No

I give The Toowoomba Wesleyan Methodist Church permission to use my details to contact me/ my child for the purpose advising events taking place at the Toowoomba Wesleyan Methodist Church

Yes/No  
(Please Circle)

Whilst all due care and diligence will be given during planned activities I acknowledge that the Toowoomba Wesleyan Methodist Church and all its representative leaders or other helpers can accept no liability for any personal injury or property loss suffered by my child during these activities.

Signature:

Date:

To ensure your privacy this information will be treated confidentially and is for the sole purpose of supporting the safety of your child or young person. Please ask Heather Hall if you wish to view our privacy policy document.