



Sample Forms

Name of Parish/
Diocesan Agency _____

Activity name,
date/s and times _____

Please complete and sign this form and return it to [insert contact person and name of parish/agency]

YOUR FAMILY DETAILS

[Whether you are using Part A, B, C or D of this form, or some or all of those Parts, please ensure that you include this DETAILS section.]

Child's details

Child's full name: (surname last and in CAPITALS)	
Date of Birth:	
Age:	
Gender:	

Parent/Guardian details

Parent/guardian's name (surname last and in CAPITALS)	
Relationship to child (eg mother)	
Address	
Telephone (home)	
Telephone (work)	
Telephone (mobile)	



PART A: CONSENT FORM

Child's full name: (surname last and in CAPITALS)

Child's date of birth:

Consent to Participate

I consent to my child attending and participating in [insert name, date and location of activity]

In the event that you are unable to communicate with me [or my nominated emergency contacts], I consent to my child receiving such medical or surgical treatment as may be deemed necessary and I agree that any such treatment will be at my expense.

I have informed you of any allergies or other medical conditions of my child relevant to this activity and will make any necessary medication available

.....
Signature of Parent/Guardian

.....
Print name (surname last and in CAPITALS)

.....
Relationship to child

.....
Date



PART B: EMERGENCY CONTACT FORM

Child's full name:

Child's date of birth:

Please provide details for at least one person we can contact if we are not able to reach you in an emergency.

Emergency contact 1

Name (surname last and in CAPITALS)	
Relationship to child	
Address	
Telephone (home)	
Telephone (work)	
Telephone (mobile)	
Do you give permission for this person to collect your child?	

Emergency contact 2

Name (surname last and in CAPITALS)	
Relationship to child	
Address	
Telephone (home)	
Telephone (work)	
Telephone (mobile)	
Do you give permission for this person to collect your child?	



PART C: CONFIDENTIAL MEDICAL CONDITIONS FORM

Full name of child (surname last and in CAPITALS)	
Child's date of birth	
Child's address	
Date/s of activity	
Child's Medicare Number	
Do you have Private Health Insurance?	
If yes, name of fund and policy number	
Is the child covered by an Ambulance subscription?	
If yes, subscription number	
Family doctor's name	
Family doctor's address	
Family doctor's telephone number	

Does your child have any medical conditions which may require special attention? If so please provide details.

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Is your child currently taking any medication? If so please provide details including name of medication, dosage, when and how it is to be taken.

Does your child have any allergies? If so please provide details.

Does your child have any special dietary needs? If so please provide details.

Is there any other information we should know about your child's needs?

.....
Signature of Parent/Guardian

.....
Print name (surname last and in CAPITALS)

.....
Relationship to child

.....
Date



PART D: CONSENT TO USE CHILD’S IMAGE

Child’s full name: (surname last and in CAPITALS)

Child’s date of birth:

I consent to a photograph or video image of my child,
..... being used without acknowledgement, remuneration or
compensation, in publications (print, websites, DVDs, CDs ROMs etc) and/or
presentations of the Catholic Archdiocese of Melbourne [and in particular in [name of
publication/presentation]].

.....
Signature of Parent/Guardian

.....
Print name (surname last and in CAPITALS)

.....
Relationship to child

.....
Date



Children's Code of Conduct

Children's Code of Conduct

I will:

1. Treat all with respect and kindness
2. Listen to what other people have to say
3. Not use rude or offensive language
4. Not hurt, abuse, bully, tease anyone else or form inappropriate relationships
5. Not have or use tobacco, alcohol or banned drugs, or misuse other medication
6. Listen to all instructions given by an adult leading my activity and obey any rules
7. Tell an adult who I trust about anything that makes me feel worried, afraid or unsafe
8. Make sure that an adult leading my activity knows my whereabouts at all times
9. Treat other people's property with respect
10. Always try my best to participate



Confidential Incident Recording Form

This Confidential Incident Recording Form is part of the Catholic Archdiocese of Melbourne's **Code of Conduct for Caring for Children**.

This form may be used by anyone who wishes to record any incident or breach of the Code of Conduct, make a complaint or report any issue of concern regarding children in a parish or agency of the Archdiocese of Melbourne.

It should be read in conjunction with the Code of Conduct, and in particular, section 3: Dealing with Breaches and Matters of Concern.

Details of person completing this form:

Name: (surname last and in CAPITALS)	
Position in parish or diocesan agency:	
Address:	
Telephone (home)	
Telephone (work)	
Telephone (mobile)	

Date of completion of this form:	
Date of incident/s or matter (if applicable):	

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Details of incident or matter: (please be as descriptive as possible, include dates, locations, full names, names of any witnesses etc).

What action have you already taken?

Who have you informed – name, title (if relevant) and date

.....
Signature of person completing this form