



Note: For those under the age of 18, this form is to be completed by parents/guardians prior to the commencement of the programme/event

PARTICIPANT'S DETAILS: First name/s:		Last name:	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other Gender (specify if you wish)
			D.O.B.
Parent/Guardian's name: (If participant under 18 years of age)			
Address:			
Phone numbers: Participant:		Parent/Guardian:	
Alternate emergency contact and relationship to participant:			
Family doctor's name and contact details:			

PLEASE INDICATE IF THE PARTICIPANT SUFFERS FROM THE FOLLOWING:					
Condition (tick)	Severity	Condition (tick)	Severity	Condition (tick)	Severity
<input type="checkbox"/> Epilepsy/Fits		<input type="checkbox"/> Asthma/Sinus		<input type="checkbox"/> Blackouts	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Migraines		<input type="checkbox"/> Sleep Walking	
<input type="checkbox"/> Dizzy Spells		<input type="checkbox"/> Heart Condition		<input type="checkbox"/> Travel Sickness	
Other (e.g. any phobias):					

ALLERGIES: (Please specify) e.g., medication, food, other (hay fever, bee sting, etc.)

MEDICATION BEING TAKEN: (Please list all and use separate sheet if required)			
Med #1:	Dosage:	When:	Reason:
Med #2:	Dosage:	When:	Reason:

Note: Medication brought must be kept in original packaging that identifies prescribing physician, name of medication, dosage and frequency of administration

Last tetanus immunisation date:

LIST ANY SPECIAL CARE REQUIRED: (e.g., dietary needs, disabilities)

Swimming skills:

PERMISSION/INDEMNITY SECTION:	
<ul style="list-style-type: none"> > I agree to the participant taking part in overall programme/event and the activities of this group > I agree to the participant being given appropriate First Aid as required will be administered - and recorded by a designated leader > In the event that I cannot be contacted in an emergency, I give permission for the participant to receive such medical treatment as the children's/youth worker/leader may deem necessary > I agree to the participant being transported/picked up/dropped off in Salvation Army or private/rental vehicles arranged by children's/youth worker/leader as necessary > I agree to information about the participant being collected as required for activity—specific forms, accident/incident report forms and statistical purposes > I agree to the use of photographic/video footage that may be taken of the participant and the participant's name to be reproduced and published by The Salvation Army 	<ul style="list-style-type: none"> > I understand that The Salvation Army is part of the Christian Church and as such will run the programme/event on principles and beliefs based on the Christian faith > I understand that all reasonable safety precautions will be taken at all times and that The Salvation Army, the children's/youth workers and leaders and those connected with the group cannot be held responsible for personal injury, loss or damage incurred by the participant > I agree to the participant being given minor pain relief (e.g., paracetamol) as appropriate—will be administered and recorded by designated leader (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No > Participant's medication to be controlled and administered by: (please tick) <input type="checkbox"/> Participant <input type="checkbox"/> Designated leader
Parent's/Guardian's Signature: (If participant under 18 years of age)	Participant's Signature: (18 years and over)
Date:	

Disclaimer: Personal information collected on this form is to be used for the lawful and necessary purpose of the programme/event and should not be used for any other purpose (refer to The Salvation Army's Privacy Policy).

This form and relevant safety management forms can be attached to relevant Programme/Event Overview Form and be accessible (as per The Salvation Army's Privacy Policy) as required. Copies should be also stored and kept if required accordingly (e.g., if going offsite).