

CHILDREN AND YOUTH FAMILY INFORMATION CARD 2026



MOSS VALE
ANGLICAN
CHURCH

To be completed for all children under 18 years. Effective from JANUARY to DECEMBER 2026 in relation to the activities indicated in the personal details section overleaf.

Personal Information

Parent / Caregiver 1

Name:	Mob ph:
Email:	
Address:	

Parent / Caregiver 2 (only include detail that differs)

Name:	Mob ph:
Email:	
Address:	

Emergency Contact (alternative to Parent/Caregiver))

Name:	Mob ph:
Email:	
Relationship to Child/ren:	

Authorisations & Expectations

The personal information in this form will be made available to (a) the group leaders involved in the running of the activities in which my child participates, and (b) medical and emergency services if considered necessary.

I give permission for photos /video of members of my family to be used and published for any lawful purpose to highlight and promote **Moss Vale Anglican Church** and its kid's programmes. Yes No

- I authorise the group leaders, in the event of an emergency, to obtain at my expense any medical, ambulance, rescue or other services that are considered necessary for my child.
- I acknowledge that being part of a community involves mutual care and consideration, and therefore agree that unacceptable behaviour may result in my child being sent home and being temporarily or permanently prohibited from attending the groups indicated in the personal section overleaf.
- I will provide the group leaders with any information relevant to the wellbeing of my child prior to him or her attending a group activity.
- I confirm that the information given in this form is true and correct, and will advise the group leaders of any changes to this information.

My signature below indicates my willingness to permit my child / children to participate in the **Sunday Kids** or **The Forge** programmes associated with **Moss Vale Anglican Church**.

Print Full Name: _____ Signature: _____

Date: _____

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Personal Information

Child Attending (tick): Sunday Kids The FORGE Youth Group. VINE Homeschool Group

Name:	DOB:	
Email:		
School:	Grade:	
Medicare number:	Position on card:	Exp Date:
Ambulance cover Y / N:		

We will keep these details on file so that we do not have to ask for them prior to each event, unless you request otherwise. Please advise **Catherine Reilly** as soon as practical of any changes to this information.

Medical and Care needs

Does your child have any medical conditions that we should know about? Yes No

Prescription medication : Chronic illness Medical allergies Other _____

Do you give permission for your child to take paracetamol if required? Yes No

Does your child have any care needs that we should know about? Yes No

Behavioural concerns

Is there anyone who is legally restricted from seeing your child? Yes No

If yes, please indicate who this is:

Dietary Issues

Does your child have any special dietary need that we should know about? Yes No

Food allergies _____

Please provide further details as required:
