



St Patrick's Catholic Church  
51-59 Allawah St  
Blacktown NSW 2148  
Tel: 9622 1125  
Fax: 9671 6425  
Email: youth@stpatricksparish.org.au

# PARTICIPANT INFORMATION FORM

## ST PATRICKS YOUTH, BLACKTOWN

### Personal Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

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

### Transport Arrangements

Please note that it is the responsibility of parents to make safe arrangements for the transportation of their children to and from youth group activities. Youth Group leaders are not permitted to transport Youth Group participants except in emergency situations.

**Medical details**

In order to provide for the individual needs of all Youth Group members we seek some important health information about your child. Please note that at some Youth Group gatherings dinner or snack food may be provided. Please complete the form below by providing details of any medical conditions and health information of your child:

|   | Please indicate<br>Y = Yes N = No | Description |
|---|-----------------------------------|-------------|
| Heart problems  |                                   |             |
| Respiratory problems                                  |                                   |             |
| Allergies<br>(e.g., peanut butter, bee stings, dairy) |                                   |             |
| Blood pressure  |                                   |             |
| Phobias   |                                   |             |
| Operations  |                                   |             |
| Recent illness  |                                   |             |
| Drugs required  |                                   |             |
| Reaction to drugs                                     |                                   |             |
| Mental illness  |                                   |             |

Please give an outline of any current medical conditions.

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***If applicable:***

Is the participant subject to the following: *(please tick)*

|                        | <b>YES</b>               | <b>NO</b>                |
|------------------------|--------------------------|--------------------------|
| Hyperactivity          | <input type="checkbox"/> | <input type="checkbox"/> |
| Violent Outbursts      | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression             | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: (please detail) | <input type="checkbox"/> | <input type="checkbox"/> |

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Is the participant currently taking any medication? **YES**  **NO**

Does the participant regularly take any prescribed medication? **YES**  **NO**

*Please note: The Youth Group Co-ordinator may contact you arrange a time to discuss the management of prescribed medications.*

Please give details of medication required:

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Has the participant ever received penicillin? **YES**  **NO**

Has the participant had an allergic reaction?

If yes – what substance was the cause of the reaction?

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When was the last time the participant had a tetanus injection? \_\_\_\_\_

Is there any other information necessary for the safety, welfare and well-being of the participant whilst attending youth nights? \_\_\_\_\_

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Is the participant covered by a medical fund?

If yes, please specify \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Does the participant have any special dietary needs? YES  NO

If yes, please specify: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No: \_\_\_\_\_

Please give an outline of the participant's medical history for the past 12 months.  
(e.g. broken bones, hospitalisation and why, etc)

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

**Consent to medical attention.**

I have completed the medical information section and have provided all relevant details required. In the case of a medical emergency or the requirement to provide medical treatment, I consent to the St Patrick's Parish, Blacktown providing first aid or arrange for my child and to receive such medical or surgical treatment as may be deemed necessary.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for child to participate in Youth Program Activities**

I give permission for my child to attend youth program activities at St Patrick's Parish, Blacktown, 51-59 Allawah St, Blacktown for 2012. I understand that any youth program activities that are to be held at a location other than this site will require me to complete another permission form. Should any information that I have provided on this form change, I will to notify the parish office at St Patrick's Parish, Blacktown as soon as possible.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo/Video Release Form

I give permission for images of my child, captured during regular parish activities through video, photo and digital camera, to be used for the purposes of St Patrick's parish Blacktown promotional material and publications, and agree that they will not be entitled to any payment or other benefit in relation thereto.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO THE ST PATRICK'S PARISH OFFICE ASAP.**

**Post Address: Philippe Dulawan 51-59 Allawah St Blacktown 2148**

**Email: [youth@stpatricksparish.org.au](mailto:youth@stpatricksparish.org.au)**

**Fax: (02) 9671 6425**

This form is intended to be used to assist the parish in the case of any emergency, medical or otherwise involving a participant on youth activities. A copy of each participant's form must be accessible by suitable personnel during any Parish Youth Group activities. The information collected will be held in a secure place and will be made available to parish staff and leaders and medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Amendment (Private Sector) Act 2000*.

## ST PATRICK'S PARISH YOUTH GROUP CODE OF CONDUCT

On behalf of Bishop Anthony Fisher, Fr Peter Confeggi, Parish Priest and the people of the Parish of St Patrick's Parish Blacktown thank you for choosing to be involved in our Youth Program!

We hope that you enjoy and are challenged by the Youth Activities that will be organized for you. To ensure that your involvement in Youth Group activities, we request your cooperation in the following matters

- Conduct yourself in a manner that is very conscious and respectful of the physical and emotional space required by others.
- Conduct relationships with others in a way that is respectful of the teachings of the Church and is sensitive to those around you
- Avoid any inappropriate or unwelcome physical contact with others
- Use language that is appropriate
- Respect the privacy and dignity of all people with whom you have contact
- Be caring and respectful of others and their belongings
- Be caring and compassionate to others in ways that enrich safe, healthy and supportive relationships.
- Comply with all NSW laws including those regarding alcohol i.e. it is illegal to drink alcohol in NSW if you are under 18 years of age

We are here to help you....

If you...

become sick

have concerns about others

experience anything that causes you distress

....inform your Youth Group Co-ordinator.

Our hope is that your participation in the Parish Youth Group will be a fulfilling experience for you.

### **Participant Statement**

I have read and understood the code of conduct and information detailing the activities itemised on the enclosed attachments.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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