

**Care Information Card**

**GATEWAY YOUTH** includes all high school aged programs for those in Grades 7—12 at Gateway Baptist Church

Dear Parent / Guardian

We are committed to providing a safe environment where young people can connect with their peers and some key role models, as well as having the opportunity to discover more about Christian life and faith.

In helping us create this environment, we ask all parents who have a child attending a Gateway Youth event more than once, or for any full day/weekend event, to fill in the attached ***Gateway Youth 2013*** ***Care Information Form***.

This information helps us best facilitate our youth program, and to deal appropriately with your child’s unique situation and needs. We ask that you take a few minutes to fill in a form for each of your children and return it to us as soon as possible, in person or via mail at **PO Box 2033 Mansfield, Qld 4122**.

In filling in this form, please be aware that any changes need to be given to us in writing, and that if you need to provide more information than space allows, please do so by attaching a separate sheet with the information card. On the back of this letter is a list of the vital information you need to be aware before you fill in the Card.

Thanks for the opportunity to work with your child.

Kind Regards

Tim & Lauren Lucas

Youth Pastors

**Key Information**

In signing the Care Information Card, and sending your child to Gateway Youth, you as a Parent/Guardian agree to keeping us informed about the following, and agree to the process and procedures outlined below.

**Food & Medical**

Information on dietary issues and self-administered medication is important for us to be aware of. Please realise that while food is regularly provided at Gateway Youth events, we are unable to cater for special needs, and your child will be expected to self-manage any dietary intolerances or allergies in choosing the food they eat.

Please understand that in the event of an emergency, the leaders at Gateway Youth will obtain at your expense any medical, ambulance or other similar service considered necessary for your child.

**Emergency Contacts**

Please ensure the names and numbers provided as Emergency Contacts are for people who would reasonably be contactable during the hours and times of our youth programs. In the case of an emergency, we would initially make contact via these numbers provided on the back of the card.

**Transport**

Please inform us if there are any transport issues (e.g. if there is someone who your child should not be collected by).

As a general rule we ask for parents to organise transport for their children to off-site events on Friday Nights. If you have a problem transporting your child to an off-site event please contact us a few days in advance so we can help find an alternative. For larger events (eg camp), we arrange to use buses. On occasions where children are transported in leaders’ cars, our policy is that only leaders who have an open licence are permitted to drive children.

**Blue Cards**

All our leaders hold current Blue Cards, as required by law, but also are given input and ongoing training in how to effectively and appropriately work with young people. As a church ministry we expect all our leaders to display healthy Christian principles and values in their leadership and relationships.

**Key Contacts**

For more information contact one of our Youth Pastors, Tim & Lauren Lucas

Phone: 3291 5900

Email: [youth@gatewaybap.com](mailto:youth@gatewaybap.com) (or [tlucas@gatewaybap.com](mailto:tlucas@gatewaybap.com), [llucas@gatewaybap.com](mailto:llucas@gatewaybap.com))

Website: [www.gatewaybap.com](http://www.gatewaybap.com)

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| **Gateway Youth 2013 – Care Information Form** |

**Student Information Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s Name: | | | Male / Female (please circle) | | |
| Home Address: | | | | | |
| Suburb: | | Post code | | DOB: | |
| Student’s Mobile: | | Home Phone: | | | |
| Student’s Email: | | | | | |
| School: | | | | Grade: | |
| **Parent/Carer Consent** | | | | | |
| We appreciate the opportunity for our leaders to be able to contact your child for the purpose of care, follow-up and informing of coming events and changes. Do you give permission for a Gateway Youth Leader to contact your child? | | | | | Yes / No |
| Do you give permission for us to use your child’s image in promotion for the church, Gateway Youth and internal use? | | | | | Yes / No |
| **Parent/Carer Contact Details** | | | | | |
| Name: | Email: 🞎 | | | | |
| Name: | Email: 🞎 | | | | |
| **Please provide at least one email address that we can contact you through.**  **If you would like regular parents’ updates from Gateway Youth, please tick the box at right.** | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **In case of emergency, please contact:** | | | **Student’s Name:** | |  | |
|  | | | | | | |
| Name: | Phone: | | | Relationship to child: | | |
| Name: | Phone: | | | Relationship to child: | | |
| Are there any custody/guardianship arrangements that we need to know about? Yes / No (If yes, please attach details) | | | | | | |
| **Your Child’s Medical details:** | | | | | | |
| Does your child have any Allergies: Yes / No (If yes, please state) | | | | | | |
| Does your child have any special dietary requirements? Yes / No (If yes, please state) | | | | | | |
| Year of Last Tetanus Injection: | | Medicare Number: | | | | |
| Private Health Care Insurer: | | Member Number: | | | | |
| Are there any self-administered medications that may be taken? Yes / No (If yes, please attach administration details) | | | | | | |
| What is your child’s swimming ability? (please circle) Can’t Swim Poor Fair Strong | | | | | | |
| **Are there any other important details we should be aware of, to ensure the best care and support of your child is provided?** | | | | | | |
|  | | | | | | |
| **I have read and understood the Care Form Information Letter attached, and am aware of my responsibility to give written confirmation of any changes to the information provided** | | | | | | |
| Parent/Caregiver Name: | | Signature: | | | | Date: |
| Parent/Caregiver Name: | | Signature: | | | | Date: |

*Your information will be handled confidentially and our privacy policy can be viewed at the church information desk.*