



**ST. MARGARET MARY'S  
PARISH  
MERRYLANDS**

*(under the pastoral care of the Pauline Fathers)*

**Parish Office: 1-5 Chetwynd Rd, PO Box 757**

**Merrylands NSW 2160**

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**Email: parish@stmm.org.au**

**ABN 39 804 880 719**



**Pauline Teen**

St. Margaret Mary's Catholic Church, Merrylands.

Participant information Form

Personal Details

**First Name:**.....

**Surname:** .....

**Address:** .....

**Postcode:** .....

**Home Telephone:** ..... **Mobile:** .....

**Email:**

.....

**Date of Birth:** ..... **Gender:** .....

Emergency Contact 1:

**Name:**

.....

**Relationship:**

.....

**Address:**

.....

**Home telephone:** ..... **Mobile:** .....

**Preferred contact number:**

.....

Emergency Contact 2:

Name:

.....

Relationship:

.....

Address:

.....

Home telephone: ..... Mobile: .....

Preferred contact number:

.....

Are there any reasons why contact should not be made?      Yes / no

If yes, provide details.

.....

.....

Medical Details

In order to provide for the individual needs of all **Pauline Teen**, we seek some important health information about the participant. Please note that 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 the candidate.

Medical Condition	Please indicate Y = Yes   N = No	Description
Heart Problems		
Epilepsy		
Asthma or other Respiratory problems		
Allergies (e.g. peanuts, tree nuts, insect stings, dairy, gluten)		

Blood pressure		
Phobias		
Surgery/Operations		
Recent illness		
Prescribed medication required		
Reaction to drugs		
Mental illness		

Please give an outline of any current medical conditions:

.....

.....

.....

If applicable:

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

	Yes	No
Hyperactivity	[ ]	[ ]
Violent Outbursts	[ ]	[ ]
Depression	[ ]	[ ]

Other (please give details):

.....

.....

.....

.....

.....

Is the participant currently taking medication Yes  No

Does the participant regularly take any prescribed medication

*Please note: The Parish Priest may contact you to arrange a time to discuss the management of prescribed medications.*

Please give details of medication required:

.....  
.....  
.....  
.....  
.....

Has the participant ever received penicillin? Yes  No

Has the participant ever had an allergic reaction?

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

.....  
.....  
.....

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?

.....  
.....  
.....

Is the participant covered by a medical fund? Yes  No

If yes, please specify:

.....

Medicare number: ..... expiry date: .....

Does the participant have any special dietary needs? Yes  No

If yes, please specify:

.....

.....

Family Medical Practitioner:

.....

Telephone Number:

.....

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 personnel of ***St. Margaret Mary's Catholic Parish*** to provide first aid or arrange for my child to receive such medical or surgical treatment as may be deemed necessary.

Name (please print clearly):

.....

Signature: ..... Date: .....

**Consent for child to participate in Pauline Teen Activities**

I give permission for my child to participate in **Pauline Teen** Activities at Merrylands Parish.

Should any information that I have provided on this form change, I will notify the Parish Office at St. Margaret Mary's Catholic Parish as soon as possible.

Name (please print clearly):

.....

Signature: ..... Date: .....

**Photograph/video Release Form**

I give permission for images of my child, captured during regular Parish activities through video, photograph and digital camera, to be used for the purposes of St. Margaret Mary's Catholic Parish promotional materials and publications, and agree that they will not be entitled to any payment or other benefit in relation thereto. The child's surname will not be published.

Name (please print clearly):

.....

Signature: ..... Date: .....

**Participant signature**

I have read and understood the Code of Conduct and information dealing with the activities itemised on the enclosed attachments.

Signature: ..... Date: .....

**THIS FORM MUST BE RETURNED TO THE PARISH OFFICE ASAP**