

**CONTACT FOR EMERGENCIES**

**CONTACT 1 - Parent/Guardian**

Name  Relationship to child

Address

Tel Nos  (work)  (home)  (other)

**CONTACT 2 - Parent/Guardian**

Name  Relationship to child

Address

Tel Nos  (work)  (home)  (other)

**DOCTOR'S DETAILS**

Name  Phone Number/s

Address

Medicare card No.  No. on Card

Private Health Fund  Member No.

**MEDICAL DETAILS**

Does s/he suffer from any illness? Y  N  If yes, please state

When did s/he last have a tetanus vaccine?

Does s/he last have impaired hearing? impaired vision  other disability

Please specify

Any other information we should know?

I hereby declare that all the information provided are true and correct to my knowledge and I also understand that Parish of St Andrew, Clarkson therefore, will be not responsible for the costs of any medical or dental attention or treatment administered to my child in such an event nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child.

Parent/Guardian Signed  Date

**PLEASE KEEP THIS DOCUMENT SECURELY ON FILE**

Altar Servers Coordinator Full Name

Date received  Signed

Address  St Andrew's Church, 60 Victorsen Parade, Clarkson, WA6030



# ALTAR SERVER ENROLMENT FORM

ST. ANDREW'S PARISH, CLARKSON

The information requested below is required for all children involved in the Altar Servers Training and Service and will only be used for Parish purposes.

## CANDIDATE INFORMATION

Surname\*:  Given Name(s) \*:

Address\*:  Post Code\*:

School Attending\*:  Year\*:

Date of Birth\*:  Gender (please circle): M / F

## PARENTS'/GUARDIANS' INFORMATION

Father's/Guardian's Full Name\*:

Mobile\*:  Phone (Work):

Email\*:

Mother's/Guardian's Full Name\*:  Maiden:

Mobile\*:  Phone (Work):

Email\*:

## Mail and Phone Contact *(Name and address of the preferred contact person for the candidate/Altar Server)*

Name\*:

Address\*:

## AVAILABILITY FOR MASSES

Weekend Masses\*:  Sat, 6.00PM,  Sun, 7:30AM,  Sun, 9:00AM,  Sun, 5:00PM

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Altar servers make a commitment to assist at Parish Masses, School Masses and other liturgies as required during the year.

## ALTAR SERVER/CANDIDATE CONSENT

I, ( full name) will commit to the entire duration of the Altar Serving Training and Rostered Liturgical Services as best as possible.

Altar Server's/Candidate's/ Signature:  Date:

## PARENT(S)/GUARDIAN(S) CONSENT

I/We are willing to allow our child serve at Parish Masses, School Masses and other Liturgies and to leave after the liturgical serves under the conditions included in this form.

Parent(s)'s/Guardian(s)' Signature:  Date:

**PARENTAL/GUARDIAN CONSENT** [Archdiocese's Safeguarding Policies and Procedures Form 13]

- 1. I give consent for **PHOTOGRAPHS & VIDEO** of my child to be only taken by an authorized person and for use within the Church community and for possible publication including displays and Parish webpage.
- 2. I give consent for my child's name to be printed in the Parish Bulletin, sacramental booklet of the weekend of their receiving this sacrament and for possible publication including displays and Parish webpage.

3. It is important that we are aware of any **FOOD ALLERGIES**. Please list allergies\*.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4. Please give details of any medical conditions of which we would need to be aware.

5. Examples: include asthma, allergies, epilepsy etc. Please ensure that your child has any necessary medication and knows how to take it\*.

<input type="text"/>
<input type="text"/>
<input type="text"/>

6. Please list all care givers you permit to collect your child. It is a legal requirement that the children cannot be collected from Altar Servers Training or Liturgical Services by anyone not on the list

Full Name: (BLOCK LETTERS)

Relation:  Phone:

Full Name: (BLOCK LETTERS)

Relation:  Phone:

7. I understand the Altar Servers & Acolytes Sacristy is under 24 hours Surveillance Camera/CCTV video recording and consent to this as a protection for my child and St Andrew's Catholic Parish, when my child is participating in church activities.

8. In Cases of a **MEDICAL EMERGENCY**: In the event of illness or accident, I give permission for medical treatment to be administered where considered necessary by a suitably qualified medical practitioner and/or hospital. I understand that Parish of St Andrew, Clarkson therefore, will be not responsible for the costs of any medical or dental attention or treatment administered to my child in such an event nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child.

I understand that every effort will be made to contact me as soon as possible. In an emergency, I can be contacted at the following telephone numbers:

Mobile\*:  Medicare Card No.\*:

**IMPORTANT:**

Please be advised that our parish will be contacting you via provided **EMAIL** and/or **MOBILE NUMBER**, and will be sending you the **PARISH WEEKLY NEWS "E-BULLETIN"**.

\* This place must be filled.

**I /We have read and understood the PARENTAL/GUARDIAN CONSENT.**

Parent's/Guardian's Signed:  Date:

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**FORMS WILL NOT BE ACCEPTED  
UNLESS ALL DETAILS ARE FULLY COMPLETED.**

Please return completed form to the **Parish Office**

St. Andrew Parish.

Ph: 9407 7512

e-mail: [clarkson@perthcatholic.org.au](mailto:clarkson@perthcatholic.org.au)

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**(CONFIDENTIAL)** St Andrew's Catholic Parish, Clarkson

## Form 10 Parental consent



This form is designed to be completed by a parent or guardian of a child wishing to attend parish events. This form is valid for 24 months and in signing the form a parent or guardian is providing the parish with written consent for their child to attend the listed activity. We recognise that circumstances can change. Please inform the parish if there are any changes as soon as possible.

Parish	<input type="text" value="St Andrew's"/>	Name of event	<input type="text" value="Altar Serving and Training"/>
Date/s of event	From <input type="text" value="1st January 2021"/>	To	<input type="text" value="31st Dec 2022"/>
Name of organiser	<input type="text" value="St Andrew's Catholic Parish, Clarkson"/>		
<b>or</b> Name of Activity	<input type="text" value="Altar Servers Liturgical Services and Training"/>		
Day of recurring activity	<input type="text" value="Saturdays / Sundays"/>	Time of recurring activity	<input type="text"/>

### DETAILS OF CHILD/YOUNG PERSON

Name	<input type="text"/>		
Address	<input type="text"/>		
Date of Birth	<input type="text"/>	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>

**Other relevant information:** *(Please mention any medical conditions, special needs or dietary requirements.)* Please note that the organisers cannot administer any medication. Should your child require medication or intimate care, please discuss this with the organisers who will work with you to establish how your child can be accommodated, according to relevant policies and procedures.

### GUARDIAN CONTACT DETAILS

Name	<input type="text"/>		
Daytime phone No.	<input type="text"/>	Home	<input type="text"/>
Email address	<input type="text"/>		

In Cases of a medical emergency: In the event of illness or accident, I give permission for medical treatment to be administered where considered necessary by a suitably qualified medical practitioner and/or hospital. I understand that every effort will be made to contact me as soon as possible. In an emergency, I can be contacted at the following telephone numbers:

Parent/Guardian Signed  Date

### HEALTH FORM

Name of church group/event	<input type="text" value="Altar Servers Liturgical Services and Training"/>
Name of participant	<input type="text"/>

### PARTICIPANT'S PERSONAL DETAILS

Name	<input type="text"/>		
Address	<input type="text"/>		
Date of birth	<input type="text"/>	Phone Number/s	<input type="text"/>