



Catholic Diocese of Sandhurst
Consent/Incident/Complaints Forms

Code of Conduct for Caring for Children – Sample Form

**Name of parish/
diocesan agency** _____

**Activity name,
date/s and times** _____

Please complete and sign this form and return it to [insert contact person and name of parish/agency]

YOUR FAMILY DETAILS

[Whether you are using parts A, B, C or D of this form, or some or all of those Parts, please ensure that you include this DETAILS section.]

Child's Details

Child's full name:	
Date of Birth:	
Age:	
Gender:	

Parent/Guardian Details

Parent/guardian's name:	
Relationship to child (e.g. mother):	
Address:	
Telephone (home):	
Telephone (work):	
Telephone (mobile):	

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PART A: CONSENT FORM

Child’s full name: _____

Child’s date of birth: _____

Consent to Participate

I consent to my child attending and participating in [insert name, date and location of activity]

In the event that you are unable to communicate with me [or my nominated emergency contacts], I consent to my child receiving such medical or surgical treatment as may be deemed necessary and I agree that any such treatment will be at my expense.

I have informed you of any allergies or other medical conditions of my child relevant to this activity and will make any necessary medication available.

Signature of Parent/Guardian

Print name (surname last and in CAPITALS)

Relationship to child

Date: / /

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PART B: EMERGENCY CONTACT FORM

Child's full name: _____

Child's date of birth: _____

Please provide details for at least one person we can contact if we are not able to reach you in an emergency.

Emergency Contact 1

Full name:	
Relationship to child:	
Address:	
Telephone (home):	
Telephone (work):	
Telephone (mobile):	
Do you give permission for this person to collect your child?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Emergency Contact 2

Full name:	
Relationship to child:	
Address:	
Telephone (home):	
Telephone (work):	
Telephone (mobile):	
Do you give permission for this person to collect your child?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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PART C: CONFIDENTIAL MEDICAL CONDITIONS FORM

Full name of child:	
Child's date of birth:	
Child's address:	
Date/s of activity:	
Child's Medicare Number:	
Do you have Private Health?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, name of fund and policy number:	
Is the child covered by an Ambulance subscription?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, subscription number:	
Family doctor's name:	
Family doctor's address:	
Family doctor's telephone number:	

Does your child have any medical conditions which may require special attention? If so please provide details.

Is your child currently taking any medication? If so please provide details including name of medication, dosage, when and how it is to be taken.

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Does your child have any allergies? If so please provide details.

Does your child have any special dietary needs? If so please provide details.

Is there any other information we should know about your child's needs?

Signature of Parent/Guardian

Print name (surname last and in
CAPITALS)

Relationship to child

Date: / /

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PART D: CONSENT TO USE CHILD'S IMAGE

Child's full name: _____

Child's date of birth: _____

I consent to a photograph or video image of my child,
..... being used without acknowledgement, remuneration or
compensation, in publications (print, websites, DVDs, CDs ROMs etc.) and/or
presentations of the Catholic Diocese of Sandhurst [and in particular in name of
publication/presentation].

Signature of Parent/Guardian

Print name (surname last and in
CAPITALS)

Relationship to child

Date: / /

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Children’s Code of Conduct

I will:

- Treat all with respect and kindness;
- Listen to what other people have to say;
- Not use rude or offensive language;
- Not hurt, abuse, bully, tease anyone else or form inappropriate relationships;
- Not have or use tobacco, alcohol or banned drugs, or misuse other medication;
- Listen to all instructions given by an adult leading my activity and obey any rules;
- Tell an adult who I trust about anything that makes me feel worried, afraid or unsafe;
- Make sure that an adult leading my activity knows my whereabouts at all times;
- Treat other people’s property with respect;
- Always try my best to participate.

PART E: CONFIDENTIAL INCIDENT RECORDING FORM

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Confidential Incident Recording Form

This Confidential Incident Recording Form is part of the Catholic Diocese of Sandhurst **Code of Conduct for Caring for Children**.

This form may be used by anyone who wishes to record any incident or breach of the Code of Conduct, make a complaint or report any issue of concern regarding children in a parish or agency of the Catholic Diocese of Sandhurst.

It should be read in conjunction with the Code of Conduct, and in particular, section 3: dealing with breaches and matters of concern.

Details of person completing this form:

Full Name:	
Position in parish or diocesan agency:	
Address:	
Telephone (home)	
Telephone (work)	
Telephone (mobile)	
Date of completion of this form:	
Date of incident/s or matter (if applicable)	

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Approval

Approved by	Signature	Date
Bishop Leslie Tomlinson		

Revision History

Version	Date	Revised By	Description of Revision	Next Review
1.0	1/07/2018	Child Safety Officer	Creation of new forms	1/07/2020