



The Girls' Brigade Australia Inc.

MEMBERSHIP INFORMATION

_____ COMPANY

For the year of **2010**

The Girls' Brigade collects personal information, including sensitive information about girls and parents each year. The purpose of collecting this information is to enable us to contact you in the event of an emergency. This completed form **must** be returned to your Company before your daughter can participate in any activities conducted by The Girls' Brigade.

Some of the information we collect is to enable The Girls' Brigade to discharge its duty of care.

Health information about girls is sensitive information within the terms of the National Privacy Policy under the Privacy Act. The only reason we ask for this is so that we can better care for your daughter. If we do not obtain this information we may not be able to care for your daughter correctly in the case of an emergency.

We will not disclose your personal information to third parties for their own marketing purposes without your consent.

When you provide us with the personal information of others, we encourage you to inform them that you are disclosing that information to The Girls' Brigade and why, so that they can access that information if they wish and be reassured that The Girls' Brigade does not usually disclose to third parties.

If circumstances change, it is the responsibility of the signatory to advise the Captain of the local Girls' Brigade Company of full details.

Girl's Name : _____

Address: _____ **Postcode** _____

Telephone: _____ **Date of Birth:** _____

Sunday School/Church: _____

School: _____ **School Year:** _____

Mother's Name: _____ **Father's Name:** _____

Mother's Address: (if different from above) _____ **Father's Address: (if different from above)** _____

Mother's Mobile: _____ **Father's Mobile:** _____

Family Email address: _____

Girls lives with: Mother Father Both Parents Neither Parent *
Are there access restrictions? Yes No Please attach details.

* If neither parents, please state relationship: _____

Will you give permission for the Girls' Brigade to use any photos/digital media taken by us, which may identify your daughter/ward, to be used for publicity?
Yes No

HEALTH & DISABILITIES

I wish to declare that my daughter/ward suffers from the under mentioned medical condition/s or disability/ies and therefore must receive special attention:

- 1) in the event of an accident:
- 2) under normal circumstances

Full details must be disclosed: _____

Medication (dosage and frequency) _____

Special dietary needs _____

Last Tetanus Immunisation: / /

Tick if additional pages are being attached

MEDICAL BENEFITS

Medicare Number: _____

Medical Fund: yes [] no [] Name of Fund: _____ Table: _____

EMERGENCY CONTACT DETAILS - To be someone outside of the family home.

In the event that parents/legal guardian cannot be contacted we must have the following information. This section **MUST** be completed. Please indicate relationship,

Name: _____

Address: _____

Telephone: _____ Mobile: _____

Relationship to girl: _____

CONSENT

I _____ Parents/Guardian (FULL NAME) give permission for

_____ to participate in all activities of The Girls' Brigade.

* I consent to her being taken out on excursions with The Girls' Brigade as arranged from time to time, using both public and private transport. I understand that separate permission will always be sought for participation in such activities.

* I have supplied full health and dietary information and provided details of emergency contacts.

* I understand that In the event of an emergency, it is the Brigade's intention to make every effort to contact me or the people listed as the emergency contacts. However, if contact cannot be made, I give permission to my child receiving ambulance, medical, surgical or anaesthetic care as required for her, and I accept full responsibility for all expenses incurred.

SIGNED: _____

DATE: _____