



# SWITCH INFORMATION PACK

Dear Parent/Guardian,

Enclosed you will find the SWITCH information pack. It includes a personal information form, a medical form, a privacy form, and a SWITCH Code of Behaviour. Please complete and return all the **white** forms at your earliest convenience. The **pink** form is for you and your teenager to read through together and **keep**. We know rules generally aren't fun but if everyone sticks to these they help keep the good times rolling at SWITCH.

Nobody likes filling out forms so we want to say thanks for helping us out by providing the necessary information. This pack helps us to maintain the high standard of care and safety SWITCH participants have always experienced.

If there are any questions about the enclosed paperwork; don't hesitate to contact me at the church office 3263 1950, or by email on [dan@bridgeman.org.au](mailto:dan@bridgeman.org.au)

Kind regards

**Dan Perkins**

Pastor  
Bridgeman Baptist Community Church  
Switch Youth Leadership Team



## PERSONAL DETAILS FORM

To ensure that every participant attending switch is looked after to the best of our ( switch leadership team) ability, we are updating the information kept on each participant. Please fill out the following and return asap.

### PARTICIPANT INFORMATION

Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age : \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ School Year: \_\_\_\_\_

I \_\_\_\_\_ as the **participant** of Switch agree to abide by the “ Code of Behaviour” set forward by the switch leadership team.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ as the **Parent / Guardian** of the participant attending switch and all switch events agree to support the switch leadership team in upholding the code of behaviour set out by them.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## PATERNAL INFORMATION:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## MATERNAL INFORMATION:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## PRINCIPLE CARER:

Please circle one: Paternal / Maternal / Both or Other ( please state below):

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

## SECONDARY CARER:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

N/A:

## MEDICAL INFORMATION FORM

In case of a medical emergency, I/we (parent/guardian) give Bridgeman Baptist Community Church Switch Leadership team authority to take appropriate action at my/our expense.

Signature of ( Parent / Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

### PARTICIPANTS INFORMATION:

Participants Name: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Contact details: \_\_\_\_\_

Private Health Care Numbers: \_\_\_\_\_

Contact details: \_\_\_\_\_

### IN CASE OF AN EMERGENCY CONTACT:

Number 1

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relation to Switch participant: \_\_\_\_\_

Number 2

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relation to Switch participant: \_\_\_\_\_

## MEDICAL INFORMATION:

Family Medical History: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Name of Prescribed medication being taken by participant: \_\_\_\_\_

How often is medication being taken ( dose): \_\_\_\_\_

Name of un—prescribed medication allowed: \_\_\_\_\_

Name of Medication Participant is Allergic to: \_\_\_\_\_

## FOOD ALLERGIES:

N / A :

Food Allergy: \_\_\_\_\_

List of foods participant can't consume: \_\_\_\_\_

Medication needed for allergy: \_\_\_\_\_

Does the Participant carry the medication with them:- Yes:  No:

## PRIVACY POLICY

Bridgeman Baptist Community Church and the Switch leadership team are required to gather personal information for every participant attending Switch events to ensure the continued enjoyment and safety of everyone at Switch events.

Please Tick

- I give permission for photo's to be taken and used for publicity such as Newsletters, Blog Sites, Website, Facebook and other promotional activities.
- I give permission for photo's to be taken and used for database use.
- I give permission for personal details to be used for communication purposes between the Switch leadership team and Bridgeman Baptist Community Church for insurance and security purposes. I accept that all sensitive information in regards to participants personal circumstances will only be used in the highest level of respect and in specialised circumstances ie: Emergency.
- I will allow email contact to be made in regards to notification of upcoming Switch events.
- I give permission for the pastoral team at Bridgeman Baptist Community Church to contact myself and or participant in regards to any pastoral care matters.
- I have provided all relevant and vital information personal and or medical that may be of benefit whilst attending Switch events.

By signing this form I hereby give permission for participant \_\_\_\_\_ to attend Switch and all Switch events under the supervision of the Switch leadership team and under these Privacy Policy guidelines.

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_





# SWITCH

BRIDGEMAN  
BAPTIST COMMUNITY CHURCH

## Code of Behaviour

SWITCH is a safe and positive environment where young people have heaps of fun and learn and grow in relationship with God. The following code of behaviour is necessary to maintain a safe environment.

- All SWITCH participants are required to register by signing in at every SWITCH event.
- Throughout SWITCH events, participants must stay within the secured designated areas at all times.
- Alcohol, cigarettes and weapons of any sort are not welcome SWITCH
- Unwanted or excessive physical contact between young people during SWITCH is prohibited.
- Any act that endangers any SWITCH participant or leader is prohibited.
- SWITCH is a safe environment for everyone, any incident of bullying is unacceptable.
- Swearing and offensive language is not permitted at SWITCH.
- We strongly recommend the use of protective equipment for anyone using the Skate Park (helmets, knee guards etc). All such protective equipment is available from SWITCH by request, if users don't have their own.
- During the SWITCH service times, everyone has a right to participate without distraction, and leaders have a right to communicate without distraction. SWITCH participants must respect this in these times.
- During the SWITCH service times all other zones are shut down. All SWITCH participants are required to attend the service.
- All Mobile Phones should be silenced or turned off during service times.
- No SWITCH participant will be permitted to leave a SWITCH event early without parent / guardian permission.
- SWITCH participants are not permitted to drive other SWITCH participants for SWITCH events without prior parental permission.
- SWITCH participants must follow the direction of SWITCH leaders at all times.
- As SWITCH events are mixed gender events, appropriate clothing is required. Footwear must be worn at SWITCH events at all times, unless specifically instructed by SWITCH leaders otherwise.

