

PERMISSION FORM TO ATTEND SUPA CLUB

<input type="checkbox"/> Weekly	Location: _____
<input type="checkbox"/> Fortnightly	Day(s) of Week/Month: _____
<input type="checkbox"/> Monthly	Time: _____ to _____
<input type="checkbox"/> Other: _____	

Scripture Union NSW has been involved in schools since 1935, and is a coordinator of Christian Voluntary Lunchtime groups in NSW public schools. These groups, known as ISCF groups in secondary schools and SUPA clubs in primary schools, exist to give Christian students the opportunity to grow in their understanding of Christianity, and to allow other students who may be interested in knowing more about Christianity the chance to explore their questions in an informal setting.

Scripture Union NSW takes seriously the need for you as parents to be fully informed concerning the activities of these groups before granting permission for your child to attend.

WHO CAN ATTEND A SUPA CLUB?

- Any primary aged school student can attend a SUPA club with parental permission
- Participation in the group is entirely voluntary which means that students are free to attend or not to attend if they wish

WHAT HAPPENS DURING SUPA CLUB MEETINGS?

- Biblical teachings are presented in an age-appropriate manner along with activities like games and craft*
- Students are provided with a safe environment to listen, ask questions and interact with each other
- The beliefs and viewpoints of all students are respected

WHO RUNS THE GROUP?

- The school Principal gives permission for the group to operate
- Groups operate under the care and guidance of leaders who have applied to and been approved by Scripture Union NSW
- Leaders must comply with all relevant child protection policies and protocols

** A copy of Scripture Union's Aims, Beliefs and Working Principles is available upon request.*

If you require any further information, please contact Scripture Union NSW at schools@sunsw.org.au

By completing and signing this form I am giving permission for my child to attend the Scripture Union SUPA Club at their school.

Student's Name: _____

School: _____ School Year: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____ Date: _____



Scripture Union

NEW SOUTH WALES

Allergies: _____

Medications: _____

- In case of a medical emergency, I hereby give permission for Director/s to attain medical assistance for my child. I understand that every effort will be made to contact me prior to initiating such procedures.
- I give permission for my child to be photographed during this event and for these photos to be displayed or used for promotional material.

Emergency Contact Name (Must Be Different): _____

Emergency Contact Number: _____

Is there anything about your child that you would like the Director(s) to know? _____

For child safety and contact tracing purposes, this form **MUST** be completed and signed **prior** to the child participating in this event.