

CHILD'S/YOUNG PERSON'S DETAILS AND ANNUAL CONSENT FORM

I give permission for my son/daughter to take part in Westwood Baptist Church activities for children and young people. I understand that **separate** permission will be sought for certain activities. I understand that they are under the responsibility of the group leader and other adult volunteers.

Child's/Young Person's name: Date of birth

Address:
.....

Parent/guardian's name: Address: (If different)
.....

Parent/guardian's phone number Mobile

Please provide an emergency contact that we can use in an emergency should we be unable to contact you. **We will always attempt to contact you first in the event of an emergency.**

Emergency contact: Name: Relationship to child

Address:.....
.....

Emergency contact's phone number Mobile

Family Doctor's name:

Surgery address:

Surgery telephone number:

Date of last anti-tetanus injection (if known):

Does your child have any conditions needing regular medical treatment? Yes/No (please circle).
If yes please provide appropriate details. (e.g. asthma, epilepsy, diabetes, allergies, dietary needs or any disability which may affect normal activities.)
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Does your child have any allergies? Yes/No (please circle).
If yes please provide details.

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Is your child allergic to any medication? Yes/No (please circle).
If yes please provide details.

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Does your child have any special needs affecting their taking part in group activities? Yes/No (please circle).
If yes please provide details.

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Please tick the following boxes that apply to your child.

I give permission for my child to attend:

CRECHE	<input type="checkbox"/>	180	<input type="checkbox"/>
GNR8	<input type="checkbox"/>	CAFE WEST	<input type="checkbox"/>
REVOLVE	<input type="checkbox"/>		

☐ I give permission for photographs/videos to be taken of my child participating in group activities.

☐ I give permission for these photos/videos to be displayed on the church website and Facebook page.

☐ I give permission for these photos/videos to be shown during church services.

☐ In an emergency and/or if I cannot be contacted I give permission for my son/daughter to receive any medical treatment deemed necessary by a qualified medical practitioner – including general anaesthetics and emergency dentistry. **I understand that every effort will be made to contact me but priority will be the safety and well- being of the child/young person concerned.**

☐

I give my permission for my son/daughter to be given a plaster for minor abrasions upon their request.

☐

I give permission for my son/daughter to take paracetamol if required.

Signature of parent/guardian:

Date:

The information requested on this form can be completed by a Carer, **but only those with Parental Responsibility can sign the consent. (N.B. This does not include a Foster Carer.)**

Please use this space for any additional information you feel is relevant to help us care for your child/young person.

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