

PARENTAL CONSENT & MEDICAL FORM (

YEAR e.g. 2019-2020

)

Group(s) Attended *(please click to tick all appropriate)*

Stepping Stones (0-4 yrs) (Parents & Toddlers)	Trailblazers (5-11 yrs) (Kids Club)	Ignite (11-17 yrs) (Youth Club)	Connect (10-16+ yrs) (Youth Bible Study)
Bubbles (2-4 yrs) (Sunday)	Splash! (5-6 yrs) (Sunday)	Xstream! (7-11 yrs) (Sunday)	Waves (11-16 yrs) (Sunday)
Other: <i>(Please specify)</i>			

Child's Details *(please use a separate form for each child you wish to register)*

Child's Full Name:	Known As:		
Date of Birth:	Gender: <i>(click to tick as appropriate)</i>	Male	Female
Address:		Postcode:	

Parent/Carer Details

Parent/Carer Name(s):	
Home Telephone:	Mobile Telephone:
Email Address:	

Emergency Contact Details *(please ensure you have consent to share third-party data)*

Name:	Relationship To Child:
Address:	
Postcode:	
Home Telephone:	Mobile Telephone:

Medical & Additional/Special Needs *(please share as much detail as necessary. Click to tick)*

Does your child have any allergies (e.g. food, medicine, etc.)? If yes, please give details below:	Yes	No

Does your child have any medical conditions or take medication? If yes, please give details below:	Yes	No

Does your child have any special dietary needs? If yes, please give details below:	Yes	No

Does your child have any special or additional needs? If yes, please give details below:	Yes	No

Please use the space below to specify any additional information we should know to best support your child whilst they are in our care:

Consent & Permissions *(please click to tick as appropriate)*

I consent for photographs to be taken of my child, understanding that they may be used for internal display purposes and/or on the church website/social media.	Yes	No
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I agree that my child is responsible for their own medication unless I personally hand the medication to the designated first-aider with detailed instructions for use:	Yes	No
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If any off-site medical attention is required (e.g. hospital) I will attend if requested at the earliest possible opportunity:	Yes	No
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In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary medical or dental treatment including anesthetic:	Yes	No
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Declaration

I give permission for my child to take part in the normal activities of this group.

I understand that specific consent must be sought for any activities where additional information is necessary and/or the risk factors of the activity require it.

I confirm that the submitted information is correct and complete and that I will notify Christchurch Baptist Church if there are any changes.

Signed by parent or adult with parental responsibility:	
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Print Name:		Date:	
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