

## GENERAL INFORMATION AND CONSENT FORM

Church **ELGIN BAPTIST CHURCH**

Group \_\_\_\_\_

Full name of child / young person: \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Primary \_\_\_\_\_

Address \_\_\_\_\_

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc) or disability which may affect normal activity:

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Please state date of last anti-tetanus injection is known \_\_\_\_ / \_\_\_\_ / \_\_\_\_

With whom does your child live? \_\_\_\_\_

Telephone number: Day \_\_\_\_\_ Evening \_\_\_\_\_

Mobile \_\_\_\_\_

Name of additional contact (grandparent etc or other holding parental responsibility)

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Telephone number: \_\_\_\_\_

If you do not have parental responsibility (e.g. you are a foster carer / grandparent etc) please give details of those with parental responsibility:

Names \_\_\_\_\_

Address(es) \_\_\_\_\_ Tel No: \_\_\_\_\_

I give permission for \_\_\_\_\_ to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of this group. I understand that when involved he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by the child during, or as a result of, the activity.

In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic.

YES                       NO                      (Please tick)

Signed (parent or adult with parental responsibility)

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NB This information part can be completed by a carer. Only those with parental responsibility (e.g. this does not include a foster carer) can sign the consent.

DATE \_\_\_\_\_

Elgin Baptist may like to take your photograph for promotional purposes. These images may appear in our printed publications, on our website, or both. To comply with Data Protection Act 1998 we need your permission. Please answer questions 1 and 2 below then sign and date where shown.

1. May we use your child's image in our digital/printed promotional publications? YES / NO

2. May we use your child's images on our website? YES / NO

Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies.

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is your child allowed to walk home on their own? YES / NO