



Children and Young Person Information and Consent Form THE EDEN CHURCH - Edenbridge Baptist Church

TO BE COMPLETED BY PARENT/CARER FOR ALL YOUNG PEOPLE UNDER THE AGE OF 18

CHILD/ YOUNG PERSON'S DETAILS

Surname First Name(s)

Date of Birth / / Gender

Address Postcode

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Tel. School Year/Class

EMERGENCY CONTACT

Contact 1: Name: Relationship.....

Tel. No. Home Mobile: Postcode

Address

Contact 2: Name: Relationship.....

Tel. No. Home Mobile: Postcode

Address

SPECIAL NEEDS & MEDICAL INFORMATION

Please indicate if your child has any learning or behavioural special needs? (Non-mandatory)

Please indicate if your child has any ongoing medical conditions such as asthma or allergies that require medication?

Doctor's Name: _____ Medical Practice phone number: _____

Medical Practice address: _____

I give consent for responsible team leaders to dispense over-the-counter medicines such as:

Paracetamol, anti-histamine **YES / NO** Plasters **YES / NO**

Any special dietary needs? _____

PICK UP ARRANGEMENTS

I give permission for my child to travel home independently after youth clubs. **YES / NO**

I, the Parent/Guardian certify that all the information given above is correct at the date of signing and understand that it is my responsibility to inform the Church of any changes. (Changes must be in writing and sent to the Children or Youth Worker.) We cannot accept responsibility for any information not declared.

I understand that this information will be held for contact and used in emergencies. All information will be kept confidential in concordance with our data protection act.

By signing this form, I give consent for my child to attend the Children/Youth groups at the Eden Church. I understand that there will be Christian teaching during the activities.

Print Name: Signature: Date/...../.....