

**Bethany Church Finaghy
General Information and Consent Form**

For BETHANY YOUTH ACTIVITIES

Anything written on this form will be held in confidence. The Key Workers need to know these details in order to meet the specific needs of your child or young person.

Full name of child/young person _____
Please underline name by which he or she is usually known.

Date of Birth: ____/____/____

Address: _____

Home phone number _____

Name of parent or carer _____

Tel No. Day _____ Eve _____ Mobile _____

e- mail address _____

Emergency contact (1) Name _____ Tel No. _____

Emergency contact (2) Name _____ Tel No. _____

Name of GP: _____ Tel No. _____

GP Address: _____

Date of last anti-tetanus injection: _____ NHS no _____

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

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

Name(s): _____ Tel No. _____

Address _____

Please sign the consent form overleaf

CONSENT

I _____ (parent/guardian) give permission for _____ (child) to take part in the normal activities of Bethany Church's Youth organisations. I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the group. I understand that while involved he/she will be under the control and care of the group Key Worker and/or other adults approved by the Church Elders and that, while the adults 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 my child or young person during, or as a result of, the activity.

- I will inform the leaders of any important changes to my child or young person's health, medication or needs, and also of any changes to our address or phone numbers provided on this sheet.
- In the event of illness or accident, having parental responsibility for the above named child or young person, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.
- In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment. I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.
- Seniors/secondary age - I understand and give permission that leaders / key workers from the Church may sometimes contact my child or young person directly by phone/text/email/ social networking sites to give information/changes about activities, in accordance with church policy. Childs mobile _____

During the time your child or young person will spend with us, photographs / video may be taken and stored for general Church purposes and for this we need your permission. To comply with Data Protection Act 1998, do you agree that photographs / video may be taken of your child or young person, and that the image(s) may be used on the church website, on the church facebook site, on the projector screen in church services or in other printed church publications?

Please Tick

YES

NO

I confirm that the above details are correct to the best of my knowledge.

Signed _____ (parent/or adult with parental responsibility)

Name PRINTED in full: _____ Date _____

Only those with parental responsibility can sign the consent. (NB This may not include a foster carer).