

Bluntisham Baptist Church
Registration and Consent Form
for under 18s



Full name of child/young person

Name by which child/young person chooses to be known

Address

..... Postcode:

Telephone number(s): Date of birth ... / ... / ...

With whom does the child/young person live?

Relationship to child/young person:

Who has parental responsibility for the child/young person?

Name: Name:

Address (if different from above): Address (if different from above):

.....

.....

Postcode: Postcode:

Telephone no(s): Telephone no(s):

Email: Email:

Additional contact: Name:

Telephone number(s): Relationship to child/young person:

Medical information

Child's/young person's registered GP: Name

Address:

..... Telephone no:

(Please turn over)

Medical information (continued)

Please state date of last anti-tetanus injection (if known) / /

Whilst in our care it is important we know whether your child:

- suffers from any allergies:
- is on any medication:
- has any health condition or disability that we should know about:

Declaration

I give permission to use any still and/or moving image including video footage, photographs and/or audio footage depicting my/our children taken on behalf of Bluntisham Baptist Church to be used for church purposes only (which may include the church website) on the understanding that

1. All photos will be un-named and it will not be possible to link the images to the child's name.
2. All photos, videos etc will be stored securely with restricted access.
3. Consent will be sought on an individual basis prior to wider distribution, e.g. for publication in newspapers, sharing with other churches or organisations in support of wider church-related activities.

Yes No (Please tick)

If you cannot give general permission at this time may we contact you directly for permission to use pictures, video footage etc in specific circumstances?

Yes No (Please tick)

I give permission for my son/daughter 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 the group.

In an emergency and/or if I cannot be contacted, 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) Date / /

Please note that this declaration can only be signed by those with parental responsibility (e.g. this does not include a foster carer).