



PLEASE READ CAREFULLY AND COMPLETE **BOTH** SIDES OF THIS FORM

About your child

Full name of young person _____

Name by which child/young person chooses to be known _____

Date of Birth ____/____/____ Age ____ School Year ____

Address _____

Postcode _____

Medical Information

Doctor _____ Surgery _____ Phone Number _____

Are all vaccinations up to date? YES NO (Please circle one)

Please provide details of any medical conditions, allergies, special dietary requirements or additional needs (include details of any regular medication that your child takes):

Allergies _____

Dietary Requirements _____

Medical Conditions _____

About you, other parents or carers, and emergency contacts

Contact Name 1 _____ Relationship to child _____

Email Address: _____

Landline : _____ Mobile: _____

Contact Name 2 _____ Relationship to child _____

Email Address: _____

Landline : _____ Mobile: _____

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

Contact Name 3 _____ Relationship to child _____

Landline : _____ Mobile: _____

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) _____

Telephone number(s) _____

Please Turn Over

Photographs and video

Photographs and video are sometimes taken during Emmanuel Baptist Church activities. Images are used:

- to help children have good memories of church activities
- in videos or slideshows for use in church events (e.g. Sunday services)
- for publicity purposes, including on the church website and related social media

Emmanuel Baptist Church is committed to safe practice when dealing with images of children. No names or any other personal information, which could enable identification of a child, are used. The use of images is subject to the Emmanuel Baptist Church Safeguarding Policy which provide safeguards against misuse of the images. Images are securely stored and password-protected, subject to the legal requirements of the General Data Protection Regulation (GDPR 2018) and the Data Protection Act 2018 (DPA 2018).

I consent to images of my child being used, and understand that I may subsequently opt out of them being used.

please initial in space _____

Privacy

Emmanuel Baptist Church will store the details on this form, subject to the legal requirements of the General Data Protection Regulation (GDPR 2018) and the Data Protection Act 2018 (DPA 2018), for the purposes of promoting and enabling the activities for which the church exists, safeguarding, and facilitating emergency care. Emmanuel Baptist Church will maintain the confidentiality of this information and will never communicate it to people or organisations outside the scope of church activities (except in cases of medical emergency or when required by appropriate legal authorities).

A copy of the "Oasis Privacy Notice" is available on request.

Your consent

I consent to my child joining in the normal activities of this group of which they are part. 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 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 my child during, or as a result of, the activity.

I consent to leaders giving my child medication as provided and instructed by me during an event. If, in an emergency, the contacts named above cannot be reached, I consent to my child receiving necessary medical or dental treatment (including anaesthetic) when medical staff believe that a delay would be inadvisable.

YES NO (Please circle)

I consent to receiving email newsletters containing important information for parents, and understand that I may subsequently opt out of receiving them.

Signed (parent/or adult with parental responsibility) _____

NB The 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.