

Parental Consent & Medical Form (under 18's)



This form must be completed by a parent/guardian in order for the child/young person to participate in the group, event or activity. *'**' indicates a response is required.*

1. Group/s Attended * *(please tick all that apply)*

- Little Stars/Creche (Sunday morning: 0-3 year olds)
- Sparklers (Sunday morning: 3 years to Year 1)
- Bright Sparks (Sunday morning: Year 2 & 3)
- Supernova (Sunday morning: Year 4 & 5)
- Push-n-Shuv (Sunday morning: Year 6-9)
- Push-n-Shuv (Breakout) (Sunday morning: Year 10-13)
- LightHub (once a month on Sunday morning: for ages 3-10 year olds)
- Devoted (once a month on Sunday morning for ages 11-18 year olds)
- Charging Point (Tuesday: 7-11 year olds)
- Y>E<S (Wednesday for ages 11-13 year olds)
- Youth Cell (Friday Evening for ages 13-18 year olds)
- Residential Trip (e.g. Soul Survivor, Spree, Weekend away etc.)
- Other *(please state)...*

2. Details of your Child/Young Person

Key information and contact details for your child/young person

First Name (by which your child/young person chooses to be known) *

Last Name *

Formal Name (if different to above)

Date of birth (DD/MM/YY) *

Gender of your child/young person *(please tick)* *

- Female Male

Child/Young person's email *(if they have one)*

Child/Young person's mobile *(if they have one)*

Child/Young person's school or college*

Child/young person's current school year

Photo/Video Consent

Please indicate your consent to record photo/video. (If any names are used, we will only use someone's first name)

Internal presentation (e.g. Sunday services or their group) *

Yes

No

External presentation (e.g. online, print, website, social media etc.) *

Yes

No

3. Parent Contact Details & Information

Key information, contact details and communication preferences with you

Your full name *

Your relationship to the child/young person *

Parent

Guardian

Grandparent

Other (please state)

Your address (and where your child/young person normally stays) *

Postcode*

Your email address *

Do you give consent to receive email communication from Campden Baptist Church (e.g. important info, updates, etc.) in connection with your child/young person? *

Yes

No

The best phone number to contact you on is *

An alternative phone number I can be reached on (your home or mobile is)

4. Additional Parental Contact Info

Please let us know any other helpful contact information about other key people in your child/young person's life

Full name of another parent/guardian/carer of your child/young person

Their relationship to your child/young person

Father

Step-parent

Grandparent

Other (please state)

Mother

Guardian

Sibling

If their address is different to yours/the child/young person's (which you completed above), please enter it here:

Postcode:

Their email address:

Their phone number (i.e. the best one to reach them on):

5. Medical, Health and Important Info about your child/young person

Medical & Health

If any of these details alter or change, please let the group leader know as soon as possible.

Is your child/young person on any medication or has any medical/health condition we need to know about? *

No

Yes

If 'Yes' please give details...

Does your child/young person suffer from any allergies (e.g. medicine, food, insects etc.)? *

No

Yes

If 'Yes' please give details...

Does your child/young person have any Special Needs (e.g. disability or special educational needs) that we should know about? *

No

Yes

If 'Yes' please give details...

In an emergency and/or if I cannot be contacted, I am willing for my child to receive any necessary medical (incl. first aid), hospital or dental treatment, including anaesthetic... *

Yes

No

Doctor's Details

Doctor's name (where the child/young person is registered) *

Surgery Phone Number *

Surgery Name & Address *

Date of last Tetanus injection (DD/MM) if not known please state 'unknown', or if you're sure it's up to date state 'up to date'. *

Dietary Information : Please note that any allergies should be noted/recorded above

Does your child/young person have any special dietary requirements (e.g. vegetarian, vegan, dairy free, gluten free etc.)

No

Yes

If 'Yes' please give details...

6. Declaration & Consent

- Please note that this declaration must only be made by someone with parental responsibility and authority for the child/young person relevant to this consent form.
- I understand that this form, and therefore the information given, will be held securely by the team leader(s) and will be made available to other leaders of the group, or key church leaders, or other key professionals as appropriate.
- We recognise that your data and privacy is important, and CBC will hold it ways that are compliant with UK law on data protection. By completing this form, you are confirming your consent for Campden Baptist Church to hold and process your personal data for the purposes of our Safeguarding Policy and to enable us to communicate you about your child/ren's group, activities etc. If you want to withdraw or change your consent, please email hello@campdenbaptist.org.uk. Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.
- I understand that separate permission/consent will be sought for certain activities (including swimming or 'out of the ordinary' or unusual events/excursions).
- The church's Safeguarding Policy is available to view on our website www.campdenbaptist.org.uk

I give permission for my child/young person to take part in the normal activities of this group *

Yes

No

Please state if there are any activities that you require your child/young person to be excluded from...?

[For Sunday Groups/Junior Church only] I give permission for my child/young person to walk with the group/group leaders between the Church Building (High Street Building) and Campden School (or other venues used in Chipping Campden), if necessary.

Yes

No

Your Full Name* :

Signed (*parent or adult with parental responsibility*) *

Date *

Thank you for completing this Consent Form and signing the Declaration.

Please return the completed and signed form to the Group Leader as soon as possible.

If any details change (contacts, phone numbers, health etc.) please let the Group Leader know.

