

PLEASE PRINT OUT, FILL IN & BRING THIS FORM WITH YOU

Beccles Baptist Church - JAM (Children's Club) - Wednesdays 6pm – 7.30pm

General Information and Consent



Full name of child/young person

Age

Date of Birth

Male/Female

Address

Telephone No.

Mobile phone no.

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

Telephone number

I give permission for _____ 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. 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.

(Please delete as appropriate)

Can your child be included in any publicity photographs and/or video presentation? **Yes/No**

Are you willing for your child to be included in photographs on the church website? **Yes/No**

Do you give permission for your child's and your details to be entered on the church data base? **Yes/No**
(This information will only be used for record purposes and will not be passed to a third party)

Is there any medical condition or disability which may affect normal activity of which we need to be aware? *(for example epilepsy, asthma, diabetes or a severe allergy)*

Yes/No (If yes, please give details)

In the unlikely event of illness or accident, I give permission for any appropriate First Aid to be given by the nominated firstaider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic, if necessary. I understand that every effort will be made to contact me as soon as possible.

Please tick box

Please name anyone who will normally drop off/collect your child:

Signed

Please print name

(parent/or adult with parental responsibility)

Address & phone no. if different from above

Date

NB The information part can be completed by a carer. Only those with parental responsibility can sign the consent. (e.g. this may not include a foster carer)