

SILOAM BAPTIST CHURCH KIDZ KLUB/TEEN PLUS EVENT INFORMATION & CONSENT FORM

All information on this form will be kept strictly confidential

THIS CONSENT FORM WILL COVER <u>ALL</u> OUTINGS / EVENTS, BOTH IN AND AWAY FROM THE CHURCH PREMISES. PLEASE COMPLETE AND RETURN THIS FORM TO GIVE PERMISSION FOR YOUR CHILD TO BE INCLUDED IN ANY PLANNED ACTIVITIES.

Information about your child:

Full name of child:

Date of Birth:

Address:

Please give any details of any regular medication, medical problems (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability that may affect normal activity.

If known please state date of last anti-tetanus injection:

Information about you:

Your name:

Home Telephone Number:

Name of Additional Contact (grandparent etc):

Additional Contact Telephone Number:

Please read and sign if you agree to the following statement and if all the information above is correct

In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic.

I give permission for any photos or videos taken of my child by or on behalf of the Kidzklub/TeenPlus Youth Team at the Church to be used in publicity or advertising for the activities in which they are involved in.

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 aforementioned activity. I understand that all the Kidzklub/TeenPlus youth leaders at Siloam Baptist Church have been police checked by the Criminal Records Bureau.

Signed:

Date:

This form can be completed by a carer but only those with parental responsibility can sign the consent.

Mobile Number:

Relationship to child: