

Appendix 8

**Rushmere Baptist Church
Registration and Consent Form for Under 18's**

Group attended

Full name of child

Name by which child chooses to be known

Address

..... Postcode

Telephone number(s) Date of birth / /

With whom does the child live?

Relationship to child

Who has parental responsibility for the child?

Name Name

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

.....

.....

Postcode Postcode

Telephone no(s) Telephone no(s)

Additional contact: Name

Telephone no(s) Relationship to child

Medical information

Child's registered GP: Name

Address

..... Telephone no

(Now please turn to the second page.)

Medical information (continued)

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

Whilst in our care, it is important that we know whether your child suffers from any allergies, is on any medication or has any health condition or disability that we should know about. Please give details where appropriate:



Allergies:
.....



Medication:
.....

Health condition or disability:
.....

Photographs and Videos

Due to current guidelines and legislation, we now require a signature from a parent or guardian to enable us to use photographs and video footage (for publicity or training purposes) of a young person under the age of 16. There are times in our youth groups when photos are taken or activities are videoed, primarily for display within the Church, but also used occasionally for publicity materials, historical records or training. These will only be taken in public areas and no child will be named, except in the case of historical records. It is our policy not to display pictures of children on our Church website. Please tick either Yes or No for each of the following statements and sign in the space provided.

I give permission for my child to appear in photographs which may be used for all of the above purposes. YES  NO 

I give permission for my child to appear in video footage which may be used for all of the above purposes. YES  NO 

Signed (parent or adult with parental responsibility) Date / /

Declaration

I give permission for my son/daughter to participate in the normal activities of this group. I understand that separate permission will be sought for activities (including swimming) which take place away from our Church premises and for 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 / /