



Central Baptist Church

We aim to be; Christ-centred, Communal, Creative

Youthwork Annual Consent Form 2011/12

This form is for all young people who attend Central Baptist Church (CBC) youth activities. It should be completed by every young person's (under 16) parent, guardian or carer and returned to a CBC youth leader as soon as possible. Whilst it is not compulsory, it is strongly recommended that a form is also completed for those aged 16 to 18 who regularly attend CBC youth activities.

Young Person's Details

Name:
Address:
Postcode:
Email:
Home Tel. No.:
Mobile Number:
Date of Birth:

Medical Details

Doctor's Name:
Practice Name:
Practice Tel. No.:

Please give details of any allergies (including medication):
.....

Please give details of any medical or special needs condition(s) that may affect their ability to participate in activities (including any medication):
.....

If needed, do you give your permission to give paracetamol (please circle) : YES / NO

Any other information you feel would be helpful for us to know about your child:
.....
.....

Parent / Guardian / Carer Details and Permission

Name(s):
Relationship:
Address:
(if different from left)
Postcode:
Email:
Home Telephone Number: ..
(if different from left)
Emergency Contact Name(s):
(if different from above)
Mobile Number(s):

I, the parent / guardian / carer *(please indicate)* of the above, give my permission for him / her to attend the youth activities of Central Baptist Church. Please note -this may include short trips out of the CBC premises within a 2-mile radius.

I confirm that the above details are complete and correct to the best of my knowledge. In allowing my child to attend I give permission for mine and my child's details to be stored by Central Baptist Church (this may be on computer) and for any photographs and/or video which may feature my child to be only used by Central Baptist Church.

In the unlikely event of illness or accident, I give my permission for any appropriate first aid or medical treatment to be given. In an emergency and if I am not contactable, I am willing for my child to receive hospital treatment. I understand that every reasonable effort will be made to contact me as soon as possible.

Should there be any change to the details given on this form I understand that it is my responsibility to inform a youth leader and resubmit this form.

Signed:
Please print name: