



Central Baptist Church

SUNDAY SCHOOL CHILD INFORMATION SHEET

This form is for information about children and young people attending Central Baptist Church Sunday School. It is to be completed by the parent/guardian/carer and returned to a Central Baptist Church Sunday School leader.

Name of child: _____ Date of birth: _____

Address: _____ Tel. no: _____

_____ Emergency tel. no: _____

E-mail address: _____

Details of any known allergies (including any medication): _____

Details of any medical or special needs condition that may affect their ability to participate in activities (including any medication) _____

Details of any other information you feel would be helpful for the Sunday School to know about your child:

Name of person normally collecting your child from Sunday School: _____
(Please remember that your child is not allowed to leave Sunday School unaccompanied)

I normally sit upstairs/ downstairs* at the right/middle/left* side of the church.
(* please delete as appropriate)

I give permission for my child to attend the Central Baptist Church Sunday School. By allowing my child to attend I give permission for my child's details to be stored by Central Baptist Church (this may be on computer) for Sunday School purposes as considered necessary, and for any photographs and video which may feature my child to be made during Sunday School and used by Central Baptist Church.

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

In the unlikely event of illness or accident I give permission for any necessary emergency 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, including an anesthetic. I understand that every reasonable effort will be made to contact me as soon as possible.

Signed (parent/guardian/carer): _____

Date: _____