



General Consent Form:

This form allows for your child to be in all of Hayling Island Baptist Church Kidz Klub and Sparklers activities, including those supervised on the field next to the Community Centre.

General Details (Child)

Name: _____

Address: _____
_____ Postcode: _____

Phone: Home: _____ Mobile: _____ (Whose?): _____

With whom does the Child / Young Person live? : _____

What is their Relationship to the young person? : _____

Parental Responsibility

1. Name: _____ Phone: _____

Address: _____
_____ Post Code _____

2. Name: _____

Address (if different to above): _____ Post Code _____

Additional Contact:

Name: _____ Phone: _____ Relationship to Child: _____

Medical Information

Child / Young Person's registered GP's name: _____

GP's Practice Address: _____
_____ Post Code: _____

Phone: _____ Out of Hours: _____

Please state date of last Tetanus Jab: ____ / ____ / ____

Please let us know about:

Allergies: _____

Any health condition or disability we should know about: _____

Any medication (when and how much to be taken): _____

Photographic and Video Permission

Hayling Island Baptist Church takes seriously the welfare of the children whom you entrust to our care. Therefore we believe that if photographs are taken, they **must** be for a specific purpose. We will never take pictures just for the sake of doing so.

Hayling Island Baptist Church wishes to re-iterate that you have the choice not to allow us to take photographs of your child.

Declaration

I give / do not give (please circle) permission for my child to be in group photographs and video only during Kidz Klub or Sparklers Activities. I understand that these will be taken to be shown in church services or so that the children can observe themselves what they've been up to. I understand that the pictures or video stills may also be used for publicity in the local press.

Signed (parent or adult with parental responsibility):

Print: _____

Date: _____

Declaration

(NB: The information part of this form can be completed by a carer, however this permission section **MUST** be signed by an adult with parental responsibility (this does not include a foster carer).)

I, the undersigned, give permission for my child 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 give permission for my child to use the field adjacent to the Hayling Island Community Centre under the appropriate supervision of group leaders.

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: (Please tick the appropriate box)

Yes No

Signed (parent or adult with parental responsibility): _____

Print: _____

Date: _____