

St Barnabas General Consent Form



Child/Young person's full name: _____

Group/Groups attending: _____

Address (with postcode): _____

Home Tel: _____ Parent/carer Mob: _____

Child/Young person's Date of birth: _____

Parent email address: _____

Emergency Contact Information:

The person to contact in case of an emergency is:

Name: _____ Relationship to the Child: _____

Address and tel. numbers (write 'as above' if this is the case):

Should the above not be available, please contact:

Name: _____ Relationship to the Child: _____

Tel/Mob: _____

Medical Information:

My child is allergic to: _____

My children has the following medical conditions or illnesses: _____

My child takes the following medication: : _____

Behavioural Information:

My child has the following behavioural issues: : _____

Is there anything else we need to know?

Arrangements for Collection:

Name of anyone NOT allowed to collect my child (if applicable) _____

St Barnabas is not insured to transport young people, and it is therefore the responsibility of the parent/carer to ensure they arrive and are collected from groups/activities.

Data Protection:

Information provided on this form will only be used by the St Barnabas Children's and Youth team.
Data that you give will not be passed to third parties.

Are you happy for St Barnabas to hold and securely store the information on this form

Yes No

Are you happy for St Barnabas to contact you to let you know about future events / services / groups
or other relevant information.

Yes No

Declaration:

I give consent for my child to attend the following groups at St Barnabas Church (please specify)

I agree to _____ (child/young person's name)

Receiving first-aid treatment for minor injuries and I agree that such treatments will be administered
by the leaders/first-aiders.

Yes No

Receiving medication and emergency dental, medical or surgical treatment, including anaesthetic or
blood transfusion, as considered necessary by the medical authorities present if I am not contactable.

Yes No

I give consent for photos and videos of my child to be taken which may be used in publicity or
advertising both inside and outside of the church.

Yes No

Signed (Parent/Carer)

Date

Parent/Carer's full name
