

Light Bringers after school club consent form

Name of child: Preferred name:
Date of Birth: Email Address:
Home Tel: Mobile:
Address: School:

How will your child get to and from St Barnabas?

Permission to walk to St Barnabas on their own from school: **Yes/No**
They will be dropped off by an adult: **Yes/No**
Names of adults who will normally collect:
Permission to leave without an adult (Year 6 only): **Yes/No**
Name of any particular adults who must **not** collect:

Medical information

Any Medical condition we should be aware of:
Regular medicine taken which my child will administer themselves:
Allergies (including food and medical):
In an emergency and/or if I am not contactable, **I am/I am not** (delete as appropriate) willing for my child to receive doctor, hospital or dental treatment including an anaesthetic.

Signed (Adult/Parent/Guardian).....Date.....

Other information

Any special needs to be aware of **Yes/No**
If yes, please give details:
Anything else you want to tell us:

Emergency contact Information

Name: Relationship to child:
Address: Tel/mob:

Should the above person not be available in an emergency, please contact

Name: Relationship to Child:

Tel/mob:

Data protection

PTO

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?

Email **Yes/No**

Text **Yes/No**

Photos & video

I give consent for photos and videos of my child to be taken which may be used in publicity both inside and outside of the church, on our website or part of social media **Yes/No**

Declaration

I give permission for(child) to attend and take part in the specified activities.

Signed (parent/carer):

Date:

Parent/carer's name printed: