Your Church Name

**REGISTRATION & CONSENT**

**TO BE FILLED IN BY PARENT OR CARER – Required:**

**Child's details:**

Forename: ...............................................................................................

Surname: ................................................................................................ Date of Birth: ..............................................

School Year: ........................ Email (optional – see below): ........................................................................................

Address: ...........................................................................................................................................................................

.................................................................................................... Mobile (optional): .......................................................

**Parent/Carer’s details:**

Parent/Legal Carer Name: ...........................................................................................................................................

.......................................................................................................................Relationship: …………………………...

Phone number/s:…………………………………………………………………........................................................

Email: ................................................................................................................................................................................

Name of additional contact: …………………………………………….............Relationship: ……………………………........

Contact phone number/s: …………………………………………………………………………………………………………..

If you do not have parental responsibility (e.g. you are a foster carer, other relative, etc.) please give details of those with parental responsibility:

Names: ………………………………………………………………………………………………………………………………..

Address: ……………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………………...........

Contact phone number/s: …………………………………………………………………………………………………………..

**Medical Details:**

Doctor’s Address: ……………………………………………………….................................................................................

Doctor's phone number: ………………………................... Date of last tetanus injection if known: …………………........

Please state any dietary needs: …………………………………….............................……………......................................

Please state any medical conditions that we should be aware of e.g: asthma, allergies, etc: ...........................................

………………………………………………………………………………………………………………………………………….

Does he/she take any medication? 🞎 YES 🞎 NO (please tick)

If YES, give details: ..………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………....

 On a residential:

🞎 I would prefer my son/daughter keeps their own medication and takes their own responsibility for it

🞎 I would prefer that a leader keeps the medication and gives it to my son/daughter at the required time

On a residential, are you content for her/him to take Paracetamol if required?      🞎 YES 🞎 NO (please tick)

In an emergency and/or if I am not contactable, I am willing for my child to receive any necessary hospital or dental treatment, including an anaesthetic: 🞎 YES 🞎 NO (please tick)

Does your child have any additional needs of which you would like their leader to be aware? ........................................

............................................................................................................................................................................................

**Arrangements for Collection:**

Name of anyone NOT allowed to collect my child *(if applicable)* …………………………………………………………....

My child has my permission to travel to and from the church unaccompanied: 🞎 YES 🞎 NO (please tick)

**TO BE FILLED IN BY PARENT ONLY - Required:**

**Prayer Card**

I am happy for my child’s name to appear on a prayer card circulated to DBS-checked leaders and group members:

🞎 YES 🞎 NO (please tick)

**General Communication**

I am happy to receive communication via email about:

🞎 Group activities & meetings🞎 Other youth-related church events e.g. parenting course

I am happy for my child to receive contact aboutgroup activities & meetings via:

🞎 Post🞎 Parent/Carer’s phone 🞎 Child’s email (copied to Parent/Carer)🞎 Youth Instagram

🞎 Group WhatsApp

**Pastoral Welfare**

I am happy for my child to receive contact from a DBS-checked youth leader via:

🞎 Parent/Carer’s phone 🞎 Parent/Carer’s email🞎 Child’s email (copied to Parent/Carer’s)

🞎 Youth Instagram account (visible to all leaders)

I am happy for my child to meet 1-to-1 with a DBS-checked youth leader in a public place: 🞎 YES 🞎 NO (please tick)

**Photographs/Videos**

We may photograph/video events to share what the group is doing with the church community and for promotional materials used externally. They will not identify individuals and full names will not be used neither will personal information be divulged. These are stored securely onsite and are accessible only by the youth and children’s team.

May your child be photographed/videoed? 🞎 YES 🞎 NO (please tick)

May those photos/videos be displayed within the church (e.g. at Sunday services, youth group Instagram)? 🞎 YES 🞎 NO (please tick)

May those photos/videos be used externally (e.g. on the church website, for publicity)?

🞎 YES 🞎 NO (please tick)

**TO BE FILLED IN BY PARENT ONLY – Required:**

**Consent for the group’s activities:**

I understand that whilst involved, he/she will be under the control and care of the group leader and/or other adults approved by the church leadership. I understand that whilst the leaders in charge of the group will take all reasonable care of the children, they cannot necessarily be held liable for any loss, damage or injury suffered by my child during, or as a result of, the activity. [Occasionally this may include a nearby off-site activity, e.g. a prayer walk.]

I give permission for my child to take attend group activities: 🞎 ON and OFF-SITE 🞎 ON-SITE ONLY

🞎 Zoom (picture and sound will be seen)🞎 Instagram Live (only their names and comments will be seen)

**Data Protection:**

I give permission for my child's details to be held by \_\_\_\_\_\_\_\_\_\_\_\_\_ Church, subject to legal requirements and obligations of the General Data Protection Regulations. This information is held only for the purposes of the operational running and improvement of the group, to ensure the welfare of your child, and the other purposes detailed above.

(For further details, please see our Privacy Notice at \_\_\_\_\_\_\_\_\_\_\_\_ (website).)

**Signed (parent/or adult with parental responsibility)** ………………………….......……… **Date:** ………………………

**WHEN COMPLETED, PLEASE SCAN THIS FORM AND RETURN TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You may amend your consent at any time** by contacting the (Church address, email etc.)