

**This form should be completed for every young person attending The Hub, Excel or Resound**

<b>The Young Person's Details</b>			
Full name of child/young person:			Date of Birth:
Attending (circle as appropriate)      The Hub      Excel      Resound			
		School name:	
		School year:	
Address:		GP name:	
		GP address:	
		GP Tel no:	
		Date of last anti-tetanus:	
<b>Medical Information</b>			
<b>Does the child have any of the following:</b>			
Medical condition	YES	NO	If YES please give more information
Allergies			
Asthma			
Diabetes			
Long-term medication			
Any physical or learning disability that may affect normal activity			
Special dietary requirements			
Is there any other relevant information you think we should know?			

If you have put 'yes' for any of these categories please be aware that if the Children or Youth department needs more details from you to ensure the proper care for your child, you will be contacted.

We will only use this information to keep in contact with you and for statistical analysis. We won't pass your details on to any third party. By completing this form you agree to our Privacy Policy which is available to view at the Church Office.

**PLEASE CONTINUE OVER THE PAGE**

Who has parental responsibility for the young person?		
Name	Address	Contact number
		Mobile:
		Phone:
		Email:
Please give the details of an additional contact in case of an emergency:		



**Lifecentral Church General Consent form – Youth**

Name	Address	Contact number
		Mobile: Home:
		Mobile: Home:

I give permission for \_\_\_\_\_ 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 understand that while involved, he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity.

I understand that my child will receive medication as instructed. I also understand that if my son or daughter becomes ill, then every effort will be made to inform me. If I am not contactable, my child will be given medical or dental treatment as considered necessary further to any medical advice being sought.

**Additional consent**

Consent	Yes	No	signature
I consent to my child being videoed/photographed for use within church			
I consent to my child being videoed/photographed for use on social media sites			
I consent to my child being videoed/photographed for use on church publications			

Signed by person with parental responsibility:

Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Form has been signed and checked by:

Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

