

Confidential

Registration and Consent Form

Consent Statement Medical Drs Contacts Child / YP

Surname of Child / YP:

First Name of Child / YP:

Date of Birth: Current Sch Yr:

Child / YP Mobile No.(if applicable):

Parent/Guardian Name:

Address:.....

.....

..... Post Code:

Home Tel.No: Mobile No.:

Alt.Emergency contact: Tel No.:

Doctor's Name: Dr's Tel.No.:

Surgery Address:

Please state below any medical, physical or emotional concerns that we should be aware of in order to properly care for your child. This could include illness, allergies, medication, disabilities, phobias, dietary requirements, family issues, relationship difficulties or anything else.

All children aged 14 years and under must be dropped and collected from the church by an adult. Please ensure that your child is ticked on the register before leaving the youth group. We are a Christian youth group and have a Christian ethos. Christian teaching will be included in the activities. For more information please visit our website: www.danburymission.org.uk. Data contained on this and other forms will be confidentially stored, including electronic devices, by Danbury Mission EC staff during your child's registration with the group. All Danbury Mission EC child protection procedures will be followed. Copies of our child protection policy are available on request. Some activities may be organised outside of the church premises. Children will be transported in minibuses or cars in accordance with the Danbury Mission EC policy. All money collected for activities will be used for youth and children's ministry. No refunds are available. We have qualified first-aiders present. If your child should ever need emergency attention, please give consent for our first-aiders to undertake emergency treatment to a level of their first-aid training. Should further emergency treatment be necessary appropriate national health services will be used. Occasionally we may take photographs or video footage of the activities and children. These photographs or video may be electronically stored by our staff or volunteers and reproduced only in presentations for the purposes of Danbury Mission Evangelical Church.

I have read the above statement and agree with all terms and conditions therein. I consent for my child/young person to attend Danbury Mission EC youth and children's ministry.

Signed _____ Parent / Guardian Name _____

Date _____

Please return this form to Phil Vellacott.. If you have any questions about the youth work please call Phil on 01245 227428 (church office).