

CONSENT FOR RECORDING PERSONAL INFORMATION

I give my permission for these details to be securely stored in our Church records and to be used according to the relevant law.

Signature.....

Date.....

By signing below I agree that my child may take part in activities organised by GK Church. I also understand that while involved he/she will be under the care of the group leader and/or other adults approved by the PCC 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 any child during or as a result of the activity.

Signature.....

Print Name.....

Date.....



ST MARY'S CHURCH

CHILD REGISTRATION & INFORMATION FORM

CONFIDENTIAL

Parents/Guardians – Please complete the following information to help us give your child the best support during their time in our Sunday Group. This information will be held securely in our Church database and in a paper file. It will be used for communication with you and your child for activities run by the Church and in case of emergency. It will be available to adults leading the groups and the Church Leadership Team. We will never share this information with anyone else, except in an emergency.

PERSONAL DETAILS

Full Name of Child (including the name they like to be known by):

Date of birth:

Name of Parents/Guardians:

Home Address:

Home Telephone:

Mobile 1:

Mobile 2:

Email Address(es):

NAME OF SCHOOL OR NURSERY

MEDICAL DETAILS

Doctor's Name & Address:

If the answer to any of the following questions is **YES**, please give details below:

Has the above named child ever been actively sensitive to Penicillin?

YES NO

Does he/she have any allergies? If so, please specify:

YES NO

Does he/she carry any medication that needs to be taken regularly?

YES NO

Does he/she suffer from a condition or illness requiring regular treatment?

YES NO

Please share any relevant details about any medical or dietary needs:

MEDICAL TREATMENT CONSENT

In the event of illness or an accident requiring emergency medical treatment, should there be an undue delay in contacting Parents or Guardians, I authorise the leader(s) to give consent to treatment.

YES NO

SUPPORT NEEDS

We want your child to have the best possible time in our Sunday Group. Is there anything we should know that would help them to settle in, participate and enjoy the time together?

This might include specific support need, personal characteristics or those little things that will make their life easier.

PHOTOGRAPH CONSENT

Please indicate below whether you give your consent for the Church to take and use photographs and videos on:

Internal use, including leaflets or displays	YES	NO
Print media, including newspapers	YES	NO
The GK Church Website	YES	NO
Social media	YES	NO