

Child/Youth Full Name		Date of birth
Child/Youth Full Name		Date of birth
Parent / Carer Name	Email Address	
Home Contact Number	Mobile Contact Number	
Home Address & Postcode	Alternative Contact Name & Number	
Allergies/food - Please advise of any allergies; also any food restrictions.		
Medical Conditions - Is there anything that may require attention during the session (Epilepsy, Asthma, etc.)?		
Medication - is there any medication that may be required during the session (Inhaler, Epi-pen, etc.)?		
During the session we may take photos for use in promotional material or for display in church to show what we have been doing: If you are happy for your child/youth to be included in photos, please TICK the box. If you DO NOT want them to be photographed, please put a CROSS in the box.		TICK or CROSS []
Can basic medical assistance be given by an appointed person (e.g. plasters or anti-bacterial wipes)? If your child/youth is being collected, only people listed above will be allowed to collect them, unless you advise otherwise. Your details will only be used to contact you in the event of an emergency, illness, if an item is left behind, to inform you about future dates. Your details are not passed to any third-parties. If your child/youth does not attend for 6 months, your details are shredded. If you prefer, you can ask for your form back before the 6-month period has ended.		YES / NO

PLEASE DO NOT BRING ANYONE WHO IS SUFFERING FROM ANY ILLNESS ON THE DAY.

For more information email limitless@estuaryelim.church

Parental consent:

I give permission for those named on this form to take part in the normal activities of this group.

I understand that separate permission will be sought for trips.

I understand that while involved, participants will be under the control and care of the group leaders and helpers approved by the church leadership and that, while the adults in charge of the group will take all reasonable care, they cannot necessarily be held responsible for any loss, damage or injury suffered during, or as a result of, the activity.

If there is a medical emergency, I give permission for treatment to be administered and the emergency services contacted. Every effort will be made to contact me as soon as possible in the event of illness or accident.

Signed: **Print name:** **Date:**
 (parent/adult with parental responsibility)

Note for parents:

Group leaders and helpers are all DBS checked for safeguarding purposes.

The Children Act 1989 allows a doctor to provide any necessary treatment by doing "what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare".