

Youth Group

Emergency Contact Details & Permission Form

Full Name of child:

Age:

Date of Birth:

Home Address & Postcode:

Home Telephone No:

Parent / Guardian Mobile No & Landline:

Parent / Guardian email address:

RESPONSIBLE ADULT - to be contacted in case of emergency, if unable to contact parent / guardian detailed:

Name:

Relationship to child:

Telephone No:

Mobile No:

MEDICAL HISTORY

Name of Doctor:

Telephone No:

Practice Name, Address & Postcode:

Does your child suffer from any medical conditions we should be aware of?

YES / NO. *If yes, please give full details (on a separate sheet if necessary)*

Is your child allergic to anything (e.g. antibiotics, penicillin, elastoplasts, aspirin or any such medicines, any particular food, etc)?

YES / NO. *If yes, please give full and specific details*

Is your child receiving any medical treatment or on prescribed medication at present?

YES / NO. *If yes, please give full and specific details*

Does your child have any disabilities/impairments (e.g. physical, learning, behavioural, hearing or visual)?

YES / NO. *(please delete as appropriate)*

If yes, what level of support is required? LOW MED HIGH

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Date of last Anti-Tetanus injection:

Does your child have any special dietary needs? *If yes, please give full details*

PARENT / GUARDIAN'S DECLARATION

I agree to my son / daughter taking part in youth activities run by the Richmond Team Ministry.

Should the occasion arise, I give my consent to any emergency medical treatment necessary. I therefore authorise the group leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment be deemed necessary, provided that, in the opinion of the medical advisers concerned, any delay in obtaining my signature could endanger my child's health or safety.

PHOTOGRAPH AND VIDEO CONSENT *(please delete as appropriate)*

Any photographic or video material taken of my son / daughter while participating in Richmond Team Ministry activities may be used for the following purposes and I consent to:

Using these images in any printed publications and films YES / NO

Reproducing the images on the Richmond Team Ministry Website YES / NO

Posting these images on the Richmond Team Ministry Youth, Private Facebook Group YES / NO

Displaying these images on the Richmond Team Ministry Notice Boards YES / NO

COMMUNICATIONS *(please delete as appropriate)*

Leaders may occasionally find it helpful to communicate directly with your (secondary aged) child, using email or text. This is for practical purposes such as reminders of events, or updates of plans. Do you give your consent for this? YES / NO

Child's email address:

Child's Mobile Number:

ARRANGEMENTS FOR COLLECTION *(please delete as appropriate)*

My child will be brought and collected from the group. YES/NO

S/he will be collected by:

Relationship to child:

Name of anyone **NOT** allowed to collect my child:

Relationship to child:

(For children over 11years) My child has permission to travel to and from the group without me. YES/NO

SIGNATURE _____

PRINT NAME _____

DATE _____

Signed by : Parent / Guardian *(delete as appropriate)*