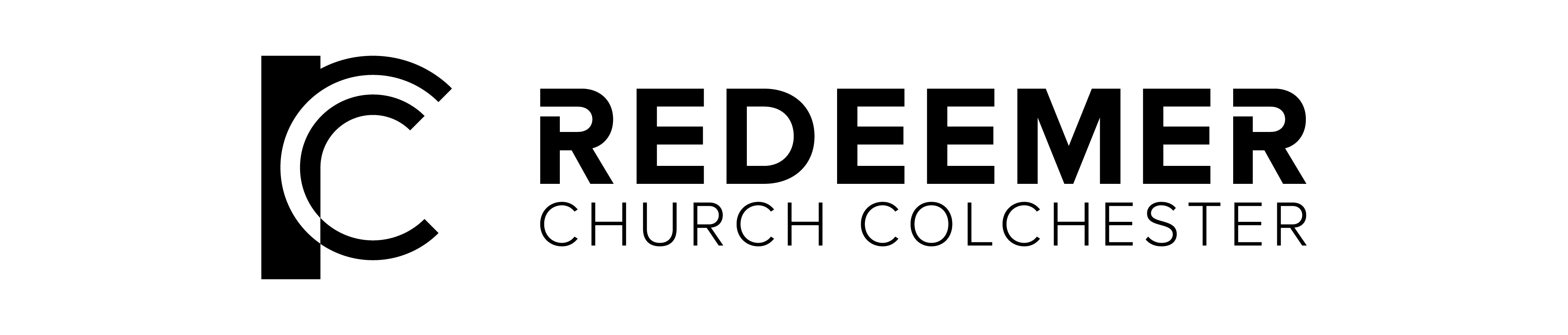
** REDEEMER KIDS**

General information and consent form

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| --- | --- |
| FULL NAME OF CHILD |  |
| DATE OF BIRTH |  |
| ADDRESS: | |
| Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect normal activity | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF PARENT/CARER | |  | |
| ADDRESS (if different from above) | | | |
| TEL NO: | DAY: | EVE: | MOBILE: |

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF 2ND EMERGENCY CONTACT | |  | |
| TEL NO: | DAY: | EVE: | MOBILE: |

|  |  |
| --- | --- |
| May we use your child’s image in our printed promotional publications? | Yes No |
| May we use your child’s image on our website? | Yes No |
| May we contact your child directly using phone, text, email or social media? | Yes No |
| For some specific activities (such as small group) Redeemer may provide transportation in a minibus or car. Children will be supervised in the car by someone who has a Disclosure & Barring Service (DBS) check. Transportation will be provided in vehicles that are roadworthy i.e. MOT and appropriate insurance. Seat belts will be worn at all times by occupants of the vehicle. | |
| Do you give permission for your child to be transported to and from activities | Yes No |

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| --- |
| **PARENTAL RESPONSIBILITY CONSENT**  I give permission for to take part in the normal activities of this 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.  In an emergency and/or if I am not contactable I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic. (Please Tick) Yes No      Signed (Parent/or adult with parental responsibility) Date: / /  The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB. This may not include a foster carer) |