**Registration and Consent Form for Under-18s**

For completion by parents or adults with parental responsibility giving consent to their child/young person taking part in church group activities.

Name of Church: ……………………. Group attended: ………………………Date completed: ………….

Full name of child/young person: …………………………………………………………………………….

Address: …………………………………………………………………………….…………………………

……………………………………………………………………………Postcode: ……………………….

**Who has parental responsibility for the child/young person & emergency contact?**

1) Name: ………………………………………. 2) Name: …………………………….………………….

Address (if different from above): ……………. Address (if different form above): ………………………

………………………………………………… …………………………………………………………..

Postcode: …………………………………….. Postcode: ……………………………………………….

Contact no: ………………………………….. Contact no: ………………………………………….....

**Medical information:**

**Whilst in our care it is important to know if your child/young person:**

* Suffers from any allergies: ………………………………………….....………………………….

*What medication do they need if yes*: ……………………………....……………………………...

* Is on medication: ……………………………....……………………………....……………………
* Has any health condition or disability that we should be aware about: ……………………………....

……………………………....……………………………....……………………………....………..

**In the interest of the child/young person and the church it must be noted that whilst your child/young person is not in the care of the church they are the full responsibility of the parent/ carer.**

**Declaration**

I give permission for my son/daughter to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities, including any outings away from the church premises and that whilst not attending groups such as Sunday school my child will be my full responsibility on the premises.

In emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including anaesthetic and necessary medication. (please circle) Yes / No

Signed (Parent/adult with parental responsibility): ……………………………....………………………………...

Date: ….. / ….. / …..

**Longheath Baptist Church**

Using images of Children and Young People

Consent Form

Name of Child or Young person……………………………………………

1. May we use a photograph in printed publications? YES / NO
2. May we use the image on the Church website? YES / NO
3. May we record the image on video? YES / NO
4. Are you happy for a picture to appear in the media? YES / NO

I have read and understand the conditions of use on this form.

Signature………………………………………………………… Date……………………

Name (Block capitals)…………………………………………………………