

EMMANUEL CROYDON YOUTH & CHILDREN'S GROUPS: CONSENT FORM 2019-20



EMMANUEL
YOUTH
CULTURE

Child's Name:

Groups likely to be attended this year: (please tick all that apply, school year indicated)

Creche	Rolling Stones (6-7)	EYC: Sunday Night (12-13)	
The Rock	EYC: Sunday (8-9)	EYC: Wednesday (6-9)	
Friday Night Project (3-6)	EYC: Sunday (10-11)	EYC: Friday (7-13)	

Personal Details:

Address:	Date of Birth:	
Postcode:	School Attended:	School Year:
Names of Parents/Carers:		
Parents/Carers Email:	Parents/Carers Mobile:	
Does your child have a medical diagnosis of which we should be aware?:		
Does your child have any special medical/dietary needs?:		
Do you have any particular tips for us in working with your child? eg best ways to engage them or to avoid them becoming distressed		

Consents:

<p>Use of photos/videos I give my consent for Emmanuel Croydon to take and keep digital and printed images of the child named above, and for these images to be displayed in the church buildings, church publications, the church website or church Social Media pages.</p> <input type="checkbox"/>	<p>Emergency Treatment I give my consent to any necessary medical or dental treatment (including an anaesthetic) that may be necessary in event of an emergency and/or if I am not contactable. I also give my consent for trained staff to administer first aid.</p> <input type="checkbox"/>	<p>Offsite Activities This year we are planning to take the young people off site during FNP and EYC events. I give my consent for the named child to participate in planned off-site activities year</p> <input type="checkbox"/>	<p>Travelling Home Alone (7-13 only) I give my consent my child travelling home alone from church activities</p> <input type="checkbox"/>
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Signature:	Date:
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Registered Charity Number 1132879