



Church Consent Form 2016 - 2017

We at Elim Crawley are so pleased that you have joined us here on a regular basis. In order that we maintain our desired high level of youth work good practice and continue to create a safe place for our young people, we require that you complete and sign the following form.

Kind Regards

Elim Youth Team

Young Persons Details:

Name:	School:	
Age:	D.O.B	School Year:
Mobile Number:	Email Address:	
Postal Address:	Gender: M/F	
Any known medical conditions? YES/NO (If so please give details, including medication taken, where this medication is and if the child is able to self administer)		
Any known allergies? YES/NO (If so please give details, including medication taken, where this medication is and if the child is able to self administer)		



Any additional information about your child? (What might we find helpful to know?) Dietary requirements, learning difficulties, social issues,
YES/NO
(If so please give details.)

Does your child have any additional needs?
YES/NO
(If so please give details)

Photography.

Is your child able to be included in any official Elim Crawley photography? Photo's are taken to mark success, highlights and friendships throughout the year and on trips. These photo's may be used for publicity including the Elim Church Crawley Website and Elim Crawleys Facebook pages and groups.

YES/NO

Doctors Name:

Practice Phone Number:

Practice Name and Address

Emergency Contact #1:

Name:

Relationship to child

Emergency Contact Number 1.

Emergency Contact number 2

Emergency Contact #2:

Name:

Relationship to child

Emergency Contact Number 1.

Emergency Contact number 2



Name of parent/guardian:

Contact details for parents/guardians

Name: Phone no:

Email:

Name: Phone no:

Email:

Postal Address (if different from the young person)

Data Protection:

The information you have given us will be held on a computer or other filing system in accordance with the Data Protection Act 1998.

I understand that Elim Crawley may be required by law to share some information about me with some organisations or individuals if they have reason to believe I am at risk or if I put, or threaten to put someone else at risk.

I understand that I can change my mind about the information given, and can withdraw my permissions, but I must request and complete another form to do so.

Permission:

I understand that I have completed and signed this form for my child's safety and benefit, so that they can join weekly Elim Church Crawley activities. I understand if my child's behaviour is considered unfit they may be asked to leave without warning.

Signed Parent/Guardian

Name: _____ Sign _____ Date: _____

