

# KID'S & YOUTH ACTIVITY PERMISSION FORM

## STRANDTOWN BAPTIST CHURCH



GROUP/ORGANISATION:

ACTIVITY

YOUNG PERSON'S NAME

DATE OF BIRTH

ADDRESS

POSTCODE

PARENT/GUARDIAN NAME

PARENT PHONE

EMERGENCY CONTACT

RELATIONSHIP TO  
YOUNG PERSON

EMERGENCY CONTACT PHONE

/ MOBILE

### MEDICAL & DIETARY INFO:

MEDICAL CONDITIONS/ALLERGIES/DISABILITIES WE SHOULD BE AWARE OF:

PLEASE PROVIDE DETAILS OF MEDICATION OR CURRENT MEDICAL TREATMENT WE SHOULD BE AWARE OF:

SPECIAL DIETARY REQUIREMENTS (VEG, GLUTEN, NUT ALLERGY ETC.):

TETANUS VACCINATION IN THE PAST 3 YEARS: Y / N

DATE (IF KNOWN)

GP NAME

GP PHONE

PLEASE GIVE DETAILS OF ANYTHING THAT COULD PREVENT THE INDIVIDUAL FROM PARTICIPATING IN THIS ACTIVITY IN ANY WAY:

### SWIMMING ABILITY (IF RELEVANT)

ABLE TO SWIM 50 METERS? YES/NO  
WATER CONFIDENT IN A POOL? YES/NO

CONFIDENT IN SEA/OPEN INLAND WATER?  
SAFETY CONSCIOUS IN WATER?

YES/NO  
YES/NO

PLEASE SIGN OVERLEAF

- Form 5 -

## DECLARATION

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I provide permission for my child to participate fully in above activity

In the event of illness or accident I give permission for first aid to be administered where considered necessary by a qualified first aider, if available, or for medical treatment to be given by a suitably qualified medical practitioner. If I cannot be contacted and my child should require emergency hospital treatment, I give permission for an adult leader to sign on my behalf any written form of consent that may be required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

I understand that while involved in any church activity, my child will be under the care and supervision of the adult leaders approved by the church and that while they will take all reasonable care of the children attending, they cannot necessarily be held responsible for any loss, damage or injury suffered during or as a result of the activity.

I give permission for my child's photograph to be taken for inclusion in publicity, review videos and the church website, in accordance with the church's child protection policy. (Tick here to opt-out of photography ☐ )

I confirm that the above details are correct to the best of my knowledge and I will inform leaders of any important changes to the information given above.

## CONSENT

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In an emergency and/or if I cannot be contacted, I am willing for my child to receive doctor hospital or dental treatment including an anaesthetic:

YES ☐ NO ☐ (PLEASE TICK)

## SIGNATURES:

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PARENT/GUARDIAN NAME :

PARENT/GUARDIAN SIGNATURE:

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). This form should be taken with the child on the camp or residential holiday. A photocopy of the form should be kept securely at the church/organisation.*