**YOUTH & CHILDRENS MEDICAL FORM FOR CHRIST CHURCH**

**Please tick relevant box/boxes:**

**CRECHE** ☐ **CLIMBERS** ☐ **EXPLORERS** ☐ **PATHFINDERS** ☐

**JUICE** ☐ **ReD/BASE** ☐ **FN@BASE** ☐ **HOLIDAY CLUB** ☐

Please complete the information on this form. It will help us keep in contact and will inform us of any medical information we need to ensure your child is safe. Please note all the information held on the form is confidential and will only be held by the group leaders. Your privacy is important to us, and we want to communicate with group members and their parents in a way which has their consent, and which is in line with UK law on data protection. Please fill in the contact details you want us to use to communicate with you and your young person. Thank you for your help.

Child/Young Person’s Full Name:

Child/Young Person’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/Young Person’s Home Address:

Including Post Code

Young Persons (11+) Mobile Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Parents/Guardians:

**Contact 1:** Relationship:

Email:

Telephone: Mobile:

**Contact 2:** Relationship:

Email:

Telephone: Mobile:

Medical Details of Child/Young Person :

Doctor’s Name:

Doctor’s Address:

Telephone: NHS Number:

Date of last anti-tetanus injection (if known):

If the answer to any of the following questions is “yes” please give details overleaf:

* Is he/she taking any medicine, following any treatment or diet etc? Yes/No
* Does he/she suffer from any recurrent illness – asthma, hay fever, migraine, fits

or faints or any other illness or disability Yes/No

* Is he/she known to be allergic or sensitive to anything (eg penicillin, aspirin, other

medicines, food etc)? Yes/No

Does your child/young person have a disability or any other additional needs? (please give details on form) Yes/No

# We want your child to have the best possible experience whilst in their groups, we always try to make the sessions age appropriate, but we are aware that everyone is an individual and we all develop different skills at different stages.

**Therefore, please use the attached form to identify and inform us if there are any areas where you feel your child/young person may need some additional help from us.**

**Photo Permission:** I consent to photographs / video recordings being made of my child/young person

and for these to be used for:

craft activities: No/Yes

church publicity/multi media/website/on-line: No/Yes

**Staying in Touch:** By signing this form you are confirming that you are consenting to the PCC of Christ Church Orpington holding and processing your/your child or young person’s personal data and using this to contact you/them to keep me/them informed about news, events, activities and services at Christ Church.

**I consent to the church contacting me/my young person (11+) by post** ☐ **phone(including text)** ☐ **email** ☐

You can grant consent to all communication methods, one or none. **Where you do not grant consent we will not be able to use your/their personal data to contact you/them (so for example we will not be able to let you know information about your child/young persons group, forthcoming events and services); except in certain limited situations, such as a medical emergency or where we are required by law or to protect members of the public from serious harm.** You can find out more about how we use your data from our "Privacy Notice" which is available from our Parish Office (please call in or email [ccorpington@talktalk.net](mailto:ccorpington@talktalk.net)). You can withdraw or change your consent at anytime by contacting the Parish office.

**Parental Consent and Authorisation**

I give my permission for the child named on this form to attend and take part in the activities of Youth & Children’s Ministry. I understand that while involved, he/she will be under the supervision and care of the group leader, and/or other adults approved by the PCC, and that, while 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 the event of illness or an accident requiring emergency hospital treatment, I authorize the Leaders from Christ Church to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

Signed: Date:

NB: The medical profession takes the view that a parent’s consent to medical treatment cannot be delegated. This view is explicit in the Children’s Act 1989. Medical consent forms have no legal status and a doctor has the right to insist on parental consent to treat a child. However, it can be of comfort to medical staff to have a general consent in advance from parents or have a leader on hand to sign forms.

*Please notify in writing any changes to these details. Thank you!*