Braehill Baptist Church - General Consent 2020

Parental Consent and Information Form - Please read carefully and fill all sections. Thanks

Braehill Baptist Church is fully committed to safe-guarding the well-being of children/young people who attend any activity within the church. To enable us to do this effectively there is some information that we need to know about your child/young person. We would be grateful if you would take a few minutes to complete the details below and return the form as soon as possible to the activity leader.

Please complete this form fully using BLOCK CAP	TIALS:
Name of child/young person	
Age and date of birth	
Home address	
Home telephone number	
Alternative emergency contact number	
Names of person/s who will normally collect your child/young person	
Has your child/young person any special needs or disabilities which you feel the activity leader should know about?	
Has your child/young person any health problems which you feel the activity leader should know about?	
Please delete as appropriate:	
* I do/do not give permission for my child/young pe	rson to attend the activity.
* I authorize /do not authorize the leader in charge medical treatment	to give on my behalf consent for any urgen
* I do/do not give permission for this informatio person to other events organized by Braehill Ba	
* I do/do not give consent for photographs/video to presentations within Braehill Baptist Church.	be taken of my child to be used in
Signature:	Date
Relationship to child/voung person:	