



Moira Baptist Church Event Consent/Medical Form

(Please Circle organisation)

Wee Wonders Wonder Kidz SWK Sunday School Bible Class

Seekers Source Other (please state):

Event:

Location:

**Date/Time
from:**

Date/time to:

DETAILS CHILD/YOUNG PERSON

Full Name:

**Address:
Postcode:**

DOB:

School Year:

Home Tel No:

DETAILS PERSON/S WITH PARENTAL RESPONSIBILITY

Name:

Name:

**Address:
Postcode:
(If Different From
Above)**

**Address:
Postcode:
(If Different From
Above)**

Home Tel No:

Home Tel No:

Mobile:

Mobile:

Relationship:

Relationship:

ADDITIONAL CONTACT

Name:

Relationship:

Home Tel No:

Mobile:

SWIMMING ABILITY (IF APPLICABLE)

Able to swim 50m?

Yes

No

Confident in open water?

Yes

No

Water confident in a pool?

Yes

No

Safety conscious in water?

Yes

No

MEDICAL DETAILS			
GP Name:		Tel No:	
GP Address:			
Allergies:		Date of Last Tetanus:	
Medical conditions /Disability:			
Medication: (Names/dosage)			
Special Dietary Requirements:			
PERMISSIONS			(PLEASE TICK)
I give permission for my child/YP to be included in any photographs and/or videos that may be taken and used at church events, in church publications or the church website.			<input type="checkbox"/>
I give permission for my child to travel off-site in leader's vehicles or in organised approved transport (as stated in event information), under the supervision of nominated leaders. (If applicable)			<input type="checkbox"/>
In the event of an accident or illness, I consent for any necessary first aid treatment to be administered by a qualified first aider, if available, or for medical treatment to be given by a suitably qualified medical practitioner. I understand that every effort will be made to contact me as soon as possible.			<input type="checkbox"/>
DECLARATION			
<p>I hereby consent for my child named above to attend the activities stated, with Moira Baptist Church.</p> <p>I consent to the information given on this form being held, in line with Moira Baptist Church data protection policy.</p> <p>I understand that while involved in any church activity, my child will be under the care and supervision of the adult leaders approved by Moira Baptist Church and that while they 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.</p> <p>I confirm that the above details are correct to the best of my knowledge. I will inform the leaders of any important changes to the information given.</p>			
Signed		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). If you would like to withdraw consent or have any further questions about the information we hold about you, please contact Mr Stephen McCarroll (Data Protection Officer) on Mob: 07590661280