**Young Person’s Details**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Home Address (if applicable) |  |
| Mobile Number |  |
| Email (if applicable) |  |

**Medical Information**

|  |  |
| --- | --- |
| Does your child have any Food Allergies? Please give details e.g. triggers and severity. |  |
| Does your child have any medical conditions of which we should be aware? (If no, please leave blank) |  |

**If your child has medication that we may need to administer e.g. an inhaler or EpiPen, please give us full details and sign the consent form below to give us authorisation**

* I give consent for leaders to deliver the appropriate treatment and/or medication should an emergency arise. Please fill in the box below if applicable, if not, please leave blank.

|  |  |  |
| --- | --- | --- |
| Condition/Reason for Drug | Name of Medication  | Dose (e.g. mg or ‘puffs’) |
|  |  |  |

**Emergency Contact Information**

**First Point of Contact: Parent/Carer Details**

|  |  |
| --- | --- |
| Relationship with Child |  |
| Name |  |
| Address (if same as young person, please leave blank) |  |
| Mobile Number |  |
| Home Phone/Landline |  |
| Email |  |

**Second Point of Contact: If first cannot be reached (if details are the same, please put ‘n/a’).**

|  |  |
| --- | --- |
| Relationship with Child |  |
| Name |  |
| Address |  |
| Mobile Number |  |
| Home Phone/Landline |  |
| Email |  |

**Photography and Media**

Sometimes we take photos at youth. these photos may be posted on the church website, social media or for publicity. Names will never be attached to images, and all images will follow our diocesan safeguarding guidelines (can be shared upon request).

**By ticking the boxes below, I grant permission for Christ Church Bedford to take and publish images of my child in Christ Church Bedford’s promotional publications (including social media), the church website, and the church notice board:**

* Photos of my child individually
* Photos of my child in a group

(Please leave blank if you do not consent to photos being taken).

**General Consent**

* I give permission for my child/young person to take part in in-house/online youth group activities run by the CCB Youth Team.
* I understand that leaders have a duty of care over my child/young person and will report anything suspicious about the wellbeing of my child (e.g. self-harm, suicidal thoughts or abuse) to the church safeguarding officer.
* (If your child is under the age of 13, please do not tick this box) I give permission for my child/young person to be contacted via the CCB Youth WhatsApp group about events or other activities that may be taking place.
* I consent to my child/young person being phoned by a trusted youth leader. (An email will be sent out beforehand to let you know if, and when, we will be phoning the young people).
* I consent to being contacted via email about updates and events

Signed:………………………………………………………..

Date:…………………………………………………………..