



## General Information and Consent Form

Name of Group: **Crown Church, Young Crown**

Events: **Weekly meetings (Treasure Seekers, Cloud 10), socials, group trips, residentials, one-off events**

Dates/Time from: **February 2016 onwards**

Name of child or young person: .....

Date of birth of child or young person: .....

Address of child or young person: .....

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Name of person responsible for child or young person: .....

Contact details of responsible person:

Telephone No. (Day): ..... Evening: .....

Additional person responsible for child or young person: .....

Contact details of additional person responsible:

Telephone No. (Day): ..... Evening: .....

Name of GP: .....

GP's Telephone No: .....

Date of last tetanus: .....

Details of any regular medication, medical condition (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability which may affect normal activity:

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Parental Consent:

- I give permission for my child as named above to participate in the normal activities of this group.
- I understand that separate permission will be sought for certain activities and outings lasting longer than the normal meeting time of the group.
- I understand that while involved in the activities of this group, he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take 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 an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic.

Yes ☐ No ☐

## Photography/Video Consent Form

Crown Church and Young Crown are committed to ensuring good practice is followed in relation to the use of photography/video within church activities.

This includes adherence to safe storage guidelines as outlined in the Good Practice Guidelines for use of photography/video at children's events within the Church of Scotland.

### Please complete the statement below.

I ..... (Print name of parent/guardian)

consent to ..... (Name of child)'s involvement in church activities being photographed or videoed and for these images to be displayed/ viewed:

- ☐ within the church premises e.g. notice boards
- ☐ in promotional material e.g. newsletter
- ☐ on the church website.

Signature of person responsible for the child or young person:

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Date:

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In order to ensure your child's safety, we would be grateful if you would complete and return this form. Please let us know if any of these details change. A copy will be retained confidentially by the group leader.