

# CONSENT FORM



We require every child to have completed this consent form for them to participate in King's Youth events and clubs. By completing this consent form **you also agree with our behaviour guidelines** for our youth clubs which you can find a summary on the back but also on our website at [kingsyouth.org/behaviourguidelines](http://kingsyouth.org/behaviourguidelines). We will keep you informed as to any updates to these.

### Personal Details

Child's Name:..... Date of Birth.....  
Parent/Guardian Name:.....  
Relationship to Child:.....  
Home Address:.....  
.....  
Tel (Home):.....Tel (Parent/Guardian).....  
Tel (Child's Mobile):.....  
Email: (Parent/Guardian):..... Child Email:.....

### Medical / Health Details

Does your child have any allergies? Yes/No

If yes, please provide full details:.....  
.....

Is there any other information we should know about your child's health and wellbeing?

.....

### An alternative Emergency Contact:

Name:..... Relationship to Child:.....  
Tel (Home):..... Tel (Mobile):.....

### CONSENT

- 1) I give permission for.....(Childs Name) to participate in the King's Church Youth activities and I understand that the above details will be used to keep me informed of events.
- 2) I give permission for my child to be contacted directly by phone call/ text or email in regard to updates, news and events.
- 3) I consent to my child travelling to and from any event in which they are participating in a car driven by a youth leader/ parent.
- 4) I give permission for photos/videos footage to be taken of my child to be used internally and to promote the King's Church externally (participants will not be identified without written authorisation).
- 5) I understand that the church or organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the organised activities except where such loss, damage or injury can be shown to result directly from negligence of the Church or the organisers.
- 6) I authorise the leaders to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.
- 7) I agree to provide updates contact/health details if changes occur.

Signed:.....Parent/Guardian) Date:.....