

SECTION 1 – this data will help us to contact you should we need to and provide the best possible care for your child during our normal Group meetings.

Name of child: _____ Date of birth: _____

Address: _____
Postcode: _____ Home tel. no: _____

Name of family Doctor: _____

Address and tel. no. of family Doctor: _____

Name(s) of parent(s) or other adult(s) who have parental responsibility:

Mobile Number: _____ Email address: _____

If the child does not live with the parent(s) or other adult(s) with parental responsibility, who do they live with:
Name: _____ Relationship to child: _____

Please give details of any health problems, special dietary requirements, medical conditions or allergies affecting your child, any medication that they are taking (including dosage and whether they can self-administer) and any additional needs that may affect normal activity:

I give permission for sticking plaster to be used on my child when necessary **YES / NO***
* Please delete as appropriate

We will contact you about Group activities and would also like to keep you up-to-date with other Oakhall Church activities. We respect how often we contact you and you can change this at any time by emailing youth@oakhallchurch.org.uk.

Please can we contact you:
By email? **YES / NO *** By post? **YES / NO *** By phone? **YES / NO *** By text? **YES / NO ***
* Please delete as appropriate

Continued overleaf...

SECTION 2 - this data will help us in planning our programmes and other activities.

School your child attends:

Church your child attends (if any):

Your child's interests and hobbies:

SECTION 3 – to be read and signed by a parent or other adult with parental responsibility and your child if aged 13 or over

By signing this I apply for my child to become a group member of Oakhall Church youth groups.

I give permission for my child to take part in the normal weekly activities of their Group. I understand that the leaders will take all reasonable care in looking after my child, but they cannot necessarily be held responsible for any loss or damage to property.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my child to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

I give permission for Oakhall Church to process and store the personal data given on this form for use in relation to my child attending the youth group, safeguarding records and for taking part in other activities regionally or nationally.

I understand that Oakhall Church will never sell or swap our data with another organisation and will store our details securely, respecting our trust and privacy as detailed in the full privacy policy: <https://oakhallchurch.org.uk/policies-admin/>

I am happy for Oakhall Church to include my child in photographs and/or videos taken at Group activities. These may be shared with the Group or used in future publicity or other material produced by Oakhall Church. Please state any limitations that you would like us to comply with here:

YES / NO *

* Please delete as appropriate

Signature: _____ Date: _____
Child if aged 13 or over

Signature: _____ Date: _____
Parent or other adult with parental responsibility