

**Group Name:**

**Club Consent/Medical Form  
Sept 2021 – Aug 2022**

Holy Trinity Church  
Halesowen Road  
Old Hill  
B64 6JA



In the interest of your child, it is important that you should sign this consent form and declare any known medical conditions and any medication that he or she may be receiving. Due to the legislation contained within The Children Act 1989, it is also important that the youth leaders are made aware of any medication details for and court orders which have been made against your child. Should this be applicable, please indicate the nature of the order below.

Your privacy is important to us. By signing this form you are confirming that you consent to the *PCC* holding and processing your personal data, including entering it into a computer database, for the purposes of the *Youth/Children's Club*. We will ask you to update this form every year for as long as your child is part of the group.

Name of child/youth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Any known medical conditions \_\_\_\_\_

Food allergies or special dietary requirements \_\_\_\_\_

School Attended \_\_\_\_\_ School Year \_\_\_\_\_

Details of any court orders \_\_\_\_\_

**Your contact phone numbers (please print name and write numbers/e-mail address clearly)**

Name \_\_\_\_\_

Home \_\_\_\_\_

Mobile \_\_\_\_\_

Work (if applicable) \_\_\_\_\_

Email address \_\_\_\_\_

**Additional contact & contact phone numbers (if the above is not available)**

Name \_\_\_\_\_

Mobile No \_\_\_\_\_

Home No \_\_\_\_\_

***PLEASE TURN OVER***

**GENERAL CONSENT FORM CONT.....**

**Family Doctor**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

I have read the information overleaf and give my permission for my child to take part in the normal activities of this group, which may include some of the following: Bible story/Christian teaching, sports, crafts, cooking, quiet games.

I also give my consent to any necessary medical or dental treatment (including an anaesthetic) that may be necessary in event of an emergency and/or if I am not contactable.

Separate permission will be required for certain activities and any off-site activities.

**Signature of parent/guardian (or adult with parental responsibility)**

\_\_\_\_\_

Printed name \_\_\_\_\_

**Please circle yes / no**

Occasionally pictures or videos are taken of club activities. These photos/videos will only be used for club or church publicity including the church website or Facebook page for the group. No names will be attached to any photos.

**I give consent for pictures or videos of my child to be used: YES / NO**

At the end of the group, we want to ensure all children and young people are safe.

**I give permission for my child/youth to make their own way home: YES/NO**

**I will always collect my child/youth: YES/NO**

**Signature of parent/guardian (or adult with parental responsibility)**

Signed \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_

You can withdraw or change your consent at any time by contacting the church office on 01384 411592 or by email [mail@holytrinity.org.uk](mailto:mail@holytrinity.org.uk). Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.