

GENERAL INFORMATION AND CONSENT FORM FOR CHILDREN

Please note that the information on this form is for the sole use of the leaders & helpers of the Children's Groups under the umbrella of 360Life Church and is not available to any other individuals or groups. This means that we will not disclose your e-mail address, mobile number or any other details to another individual without your permission.

Group: **Little Sparks (6months-3yr) / Ignite (3-7yrs) / Lift-Off (7-11yrs)** *(delete as appropriate)*
(Sunday groups run during the church service, approx. 11-12:15 & occasionally have additional sessions throughout the year)

Full name of child: _____

Preferred name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Postcode: _____

Details of any medical problem (e.g. asthma, epilepsy, diabetes etc.), disability or additional needs which may affect normal activity; that the workers need to know about so that your child can participate fully in the sessions:

Details of any allergies, food sensitivities or dietary needs:

Name of GP: _____ Tel No: _____

Address: _____

Name of parent/carer _____

Relationship to child: _____

Tel no: Day _____ Eve _____

E-mail: _____ Mobile _____

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc.) please give details of those with parental responsibility:

Name(s): _____ Tel no: _____

Address: _____

Additional contact (grandparent etc. or other holding parental responsibility):

Name: _____

Relationship to child: _____

Tel no: _____

I give permission for _____ (insert name) to take part in the normal activities of this group.

Occasionally activities include taking photos/videos of the children to be used for crafts, games or display purposes but as per 360Life Church policies these will never be uploaded to the internet.

I give permission for the child named to be photographed for these purposes.

I understand that separate permission will be sought for certain activities, including swimming, and outings. I understand that while involved 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 all 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.

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital will be sought. The Children's Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'. The parent/carer will be contacted and advised of the situation as soon as possible.

Signed (parent/or adult with parental responsibility):

Date: _____

Your privacy is important to us, and we want to communicate with you in a way which has your consent, and which is in line with UK law on data protection. Our privacy policy is available on the church website www.360life.church. You have the right to access, rectify and delete your personal data. To do so, you can contact us at admin@360life.church