BETHEL BAPTIST CHURCH, BEDWAS

MEDICAL INFORMATION & ACTIVITY CONSENT FORM

Name of child	
Address	
Postcode	
Date of birth	
Date of birth	
Your Contact Details	•
Relationship to child	•
Name	
Address	
Postcode	
Mobile	
Email	
	cy Contact (must be different from adult above):
Relationship to child	
Name	
Address	
Postcode	
Mobile	
Email	
1	
Name of GP/Surgery	
Telephone number	
Does the child/vouna	person suffer from any allergies?
YES NO	
DETAILS:	
Does the child/young	person have any medical conditions of which we should be aware?
YES	
DETAILS:	
	person have any disability of which we should be aware?
YES	
DETAILS:	
Is the child/young per	son taking any medication?
YES NO	
DETAILS:	
In an emergency and	or if I am not contactable I understand that my child will receive medical
treatment as necessar	

ACTIVITIES AND PERMISSIONS

I give permission for the following: (please tick in one column)		No
My child can take part in normal activities of Bethel's children's/youth groups		
(this may include use of the church building and/or Bedwas Park)		
My child can participate in activities including joining with another group from		
the church, or another church for a joint activity		
My child can be transported (if needed) either by hired transport (ie.		
coach/minibus), or if necessary a leader's car. I understand that drivers will		
adhere to Bethel's Safeguarding Policy		
My child can have supervised internet use		
My child can have face paints used on their skin		
My child can have a plaster applied if needed		
My child can be contacted via phone/text by youth team to pass on		
information about events		
I agree to the following photograph permissions:		
The taking/use of photographs for church walls or in-house media		
Photographs or video footage for the church website (including Social Media)		

Youth: I DO / DO NOT give permission for my child, by prior arrangement, to meet outside of group times with Bethel's family/youth worker or pastor for the purposes of pastoral care

In addition to using the church building for regular Friday/B3 Youth Club, other activities may include: youth events; trampoline park/bowling/quasar; meals at a restaurant; beach trips; BBQs; The Rock coffee shop; ice skating; leisure centre for sports; local park etc.

I DO/DO NOT give permission for my child to take part in the normal activities of children's and youth groups

I understand that my child will be under the responsibility of the group leaders and that whilst these leaders 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.

I agree to advise the group leaders in writing if any above details change.

Signed:	Date:	/	/		
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Bethel Baptist Church, Bedwas / Data Protection Act 2018

In signing this form you give permission for Bethel Baptist Church to hold your data. The information above is essential to run family activities safely and efficiently, and will be used to keep you informed about events and activities. All information given will be treated in the strictest confidence and will only be passed on in an emergency. The Trustees are the Data Controller for the purposes of the Act; if you have any concerns please contact them via the Church office or a group leader.

All relevant Bethel policies are routinely reviewed and are available to download on our website.

Please complete and return this form to Sonya Palmer (Youth) or Ewan Jones (Pastor) at:

EMAIL: Youth@bethelbedwas.org

POSTBOX: Bethel Baptist Church, Church Street, Bedwas, CF83 8ED