

ANNUAL INFORMATION AND MEDICAL FORM

FOR USE IN EMERGENCIES ON-SITE AND FOR NON-RESIDENTIAL VISITS/ACTIVITIES

Diocese of Bristol - Parish of Christ Church Downend

TO BE COMPLETED BY PARENT/CARER FOR ALL YOUNG PEOPLE UNDER THE AGE OF 18

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|--|---------------------------------------|
| PART A - YOUNG PERSON DETAILS | |
| Surname | First Name(s) |
| Date of Birth | |
| National Health Number | |
| Address | |
| Postcode | |
| PART B - MEDICAL INFORMATION | |
| Please indicate if your son/daughter suffers from any medical condition, however mild, or is taking medication on a regular basis. Conditions such as asthma, diabetes, heart condition, allergies or physical weakness should be included. | |
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| | |
| Please give details of any current medical treatment, or medication being taken by your son/daughter on a regular basis. | |
| | |
| Date of last tetanus injection | |
| PART C - FAMILY DOCTOR | |
| Name | Address |
| | |
| Postcode | Telephone |
| PART D - DIETARY REQUIREMENTS | |
| Please give details of special dietary requirements, food allergies, etc (e.g. peanut allergy, non-dairy food or vegetarian) | |
| | |
| PART E - EMERGENCY CONTACT (1) Person holding parental responsibility | |
| Name | Address |
| | |
| Postcode | Telephone |
| Work | |
| PART F - EMERGENCY CONTACT (2) Person who could be contacted in case of an emergency if Emergency Contact (1) is not available. | |
| Name | Address |
| | |
| Postcode | Please State Relationship |
| Telephone | |
| PART G - Photography & Video | |
| As part of group activities photographs or video recordings may be taken of your son/daughter whilst involved in church activities and these may be used for display or publicity purposes by the church or its photographer. By ticking the appropriate box and signing the form you give your permission for these images to be used by the church and its photographer, that copyright belongs to the church and its photographer and you also understand that the church and its photographer will not identify any young persons by name in any promotional materials without first obtaining separate written consent from their parent / carer. | |
| Please tick <input checked="" type="checkbox"/> as appropriate <input type="checkbox"/> I do give <input type="checkbox"/> I do not give my permission for images of my son/daughter to be used as described in Part G above. | |

PLEASE TURN OVER

PART H - GROUP MEMBERSHIP

Please state which group(s) your child belongs to by ticking appropriately:

Crèche Sparklers

..... Connect

..... Faith on Sunday

..... Ignite Elevate

..... Other (please state)

PART I - ADDITIONAL CONTACT INFORMATION (Ages 11+, Faith Groups and Quest)

In keeping with the times Leaders of the older age groups would like on occasions to update your child with information relevant to his/her groups activities and programmes by the following methods, if you are happy for your child to be contacted in any of these ways then please indicate this by ticking appropriately and providing the relevant information in the space provided.

Email Mobile (phone)

Social Networks (eg Facebook) Mobile (text)

PART J - DATA PROTECTION

The information provided in this form will be stored on a information storage and retrieval system (database) and may be reproduced or transmitted in any form or by any means, electronic or mechanical including photocopying for CHURCH USE ONLY. By signing the form below you give YOUR PERMISSION for the information contained in this form to be stored in the aforementioned ways and to be used for CHURCH PURPOSES ONLY and in the case of emergencies by the appropriate third parties (e.g. Ambulance, Police, Fire Brigade & Coast Guard Services).

PART K - ADDITIONAL INFORMATION

Please use this part of the form to provide any additional information that you wish to provide regarding your child .

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FINAL DECLARATION

I understand and I am willing for the information on this form to be stored and used as described in section J

I certify that I have read and understood the information in this form and that the information given above is correct at the date of signing and understand that it is my responsibility to inform the church of any changes and that those changes must be provided in writing to the leader of my son/daughter's group or to the church's Youth Co-ordinator.

Parent / Carer's Signature Date Signed

Parent / Carer's Name (please print)