

SUNDAY CLUB CONSENT FORM
St Andrew's Church, Enfield: September 2015 – August 2016

To be completed by Parent/Guardian ONLY

Welcome to St Andrew's Sunday Club. We aim to provide a safe and happy environment for children and young people to explore the Christian faith. With this in mind, could you please sign, where appropriate, to show that you give consent for your child to participate in the activities on offer during any Sunday Club session or any other related events. We need to know any medical conditions that your child has, so please provide all the information that you think we may need.

| Child registration | |
|---------------------------|--|
| Child's Name | |
| Date of Birth | |
| Age | |
| Nursery/School | |
| Current Year at School | |
| Address | |
| Postcode | |

| | |
|----------------------------|-------------------------|
| Parent/s Name(s) | |
| Parent/s Email Address(es) | |
| Parent/s Phone Number(s) | Home: Mobile(s): |

| Emergency Contact 1 | |
|----------------------------|--|
| Name | |
| Relation to Child | |
| Home Number | |
| Mobile Number | |

| Emergency Contact 2 | |
|----------------------------|--|
| Name | |
| Relation to Child | |
| Home Number | |
| Mobile Number | |

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|---|
| Medical Conditions: Include food allergies, details of medication and any medical details we need to know, e.g. epilepsy, ADHD, asthma, diabetes, etc. |
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Please state any other special needs, requirements or directions that would be helpful for the leaders to know about:

| | |
|-----------------------|--|
| Doctor's Name | |
| Doctor's Phone Number | |
| Doctor's Address | |

Media

At Sunday Club and related events, we may take photographs to show what the children and young people have been learning. The photographs may include your child. The photographs may be used in any of the media used by St Andrew's Church, including Facebook or other church publications, electronically and/or in print. All pictures & video will be used in a sensitive way and in compliance with our Safeguarding Policy (available to view at www.standrewsenfield.com).

I give permission for the child named in this form to appear in these photographs/videos and for these to be used in an appropriate way by the church*

** Please delete this line if you do not give permission*

Contact With St Andrew's Church

I give permission for the data I have provided to be used to contact me with other information from St Andrew's Church. I understand that contact information will not be passed on to a third party*

** Please delete this line if you do not give permission*

Emergency Treatment

In an emergency and/or if I am not contactable, I am willing for him/her to receive necessary hospital or dental treatment including an anaesthetic*

** Please delete this line if you do not give permission*

Declaration

I give permission for the child named in this form to take part in the normal activities of Sunday Club. I understand that separate permission will be sought for one-off activities, and outings lasting longer than the normal meeting times. I understand that the named child 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 and young people - they cannot necessarily be held responsible for any loss, damage or injury suffered by him/her during, or as a result of, the activity.

Signed Parent/Guardian:

Print Name:

Date:

*Please return by hand or email to Jo Griffiths, Families Chaplain, St. Andrew's Church, Enfield.
jo@mabs.london. 0773 204 1998*