

Braehill Baptist Church – Children’s & Young Person’s Meetings 2024/25

Parental Consent and Information Form

Braehill Baptist Church is fully committed to safe-guarding the well-being of children/young people who attend any activity within the church. To enable us to do this effectively, there is some information that we need to know about your child/young person. We would be grateful if you would take a few minutes to complete the details below and return the form as soon as possible to the activity leader. All information will be held confidentially in accordance with our code of conduct.

Please complete this form using **BLOCK CAPITALS**

Name of child/young person	
Age and date of birth	
Home address	
Home telephone number	
Alternative emergency contact number	
Name of person/s who will normally collect your child/young person	
Has your child/young person any special needs or disabilities, which you feel the activity leader should know about?	
Has your child/young person any health problems, which you feel the activity leader should know about?	

Please circle as appropriate:

I do - do not - give permission for my child/young person to attend the Sunday School.

I authorise - do not authorise - the leader in charge to give, on my behalf, consent for any urgent medical treatment deemed necessary for my child.

I do - do not - give permission for this information to be used to invite my child/young person to other events organised by Braehill Baptist Church.

I do - do not - give consent for photographs to be taken of my child to be used in presentations within Braehill Baptist Church or on the Church web site.

Signature: _____ Date: _____

Relationship to child: _____