



Safe to Grow

Young Person's Information

Full name of young person: _____

Name of School/College/Work: _____ Date of Birth: _____

Address of young person: _____

_____ Post code: _____

Phone number of young person - Home: _____ Mobile: _____

Email address of young person: _____

Parent / Guardian's Information

One of the contacts listed below should be someone with parental responsibility for the young person named above. The other contact should not be a parent/guardian, but someone we can contact if parent/guardian cannot be reached. We will sometimes contact parents/guardians with information for the young person.

1. Name of parent/guardian: _____

Address (if different from the young person): _____

Relationship to the young person: _____ Mobile: _____

Home telephone number: _____ Email address: _____

2. Name of additional contact (**not a parent/guardian**): _____

Address: _____

Relationship to the young person: _____ Mobile: _____

Home telephone number: _____

Young Person's Medical Information

Name of young person's registered GP/Surgery: _____

Address & telephone number: _____

Date of last anti-tetanus injection: _____

Whilst in our care it is important that we know whether your young person:

- Suffers from any allergies YES/NO details: _____
- Is on any medication YES/NO details: _____
- Has a health condition or disability that we should be aware of : YES/NO

details: _____

Parent / Guardian Declaration

I give my permission for my child

(Name of Child)

to attend and participate in all sessions organised by Hype at Hope Baptist Church,
for the period of 1/09/2017 – 31/08/2018.

These sessions may include going to the park, The Net meetings, Friday, Sunday and Monday youth groups, Youth Band, the Hype Sleepover and the Hype Weekend away.

Please note that this declaration can only be signed by those with parental responsibility for the young person named overleaf (does not include a foster carer).

- **I consider my young person to be medically fit to participate in the activities/events.**
- **I undertake to inform a group leader if any of the above information should change by the date of the activity/event. Or if my young person is in contact with or suffers from any disease, which may be contagious or infectious, within four weeks prior to the activity/event.**
- **I agree that when the groups or the activities/events finish my young person is no longer the responsibility of Hope Baptist Church (times as in the programme).**
- **I give permission to Hope Baptist Church to keep and use photographs/video of my young person for Youth and Children's work purposes.**
- **In an emergency and/or if I cannot be contacted, I agree for my young person to receive necessary hospital or dental treatment, including an anaesthetic.**

Any additional information: _____

(Parent/Parental Responsibility) Please **PRINT** name: _____

Signed: _____ Date: _____