



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 Re:Act at Hope Baptist Church,
for the period of 1/09/2017 – 22/7/2018

These sessions may include going to the park, The Net meetings, Friday, Sunday and Monday youth groups, Sleepover, Youth band and the Re:Act 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: _____