



To be completed for all children attending any children’s groups led by The Point Church in accordance with our child protection policy.

Child’s Details

Full Name:.....

Date of Birth:..... Boy or Girl (please circle)

School attended:.....Year group:.....

Home Address:.....

Whilst your child is in our care it would be helpful for us to know whether he or she suffers from any allergies or phobias or is on any medication*. Is there anything you would like us to know?

.....

*If your child needs regular medication e.g Asthma inhalers please ensure they bring their reliever inhalers with them to each session they attend.

Family Doctor’s name, address and telephone number

Parent/Guardian/Carer Details

Full Name:Relationship to child:

Telephone no:..... Mobile:

Email address:

Emergency Contact Name and Number:

Please read each of the statements below and tick each box where you give your consent.

PARENT/GUARDIAN CONSENT

[] Attendance: I agree to my child attending children’s activities at The Point. I understand that Children’s Team are responsible for my child during the specified times of children’s sessions and give permission for the leaders to act in Loco Parentis for my child; At all other times, responsibility rests with the parent/guardian.

[] First Aid: I give permission for first aid to be administered to my child by the qualified first aider where deemed necessary.

[] Photography: I give permission for my child’s photo to be taken, stored electronically and possibly used for future publicity.

[] I understand that The Point Church will store these details details in The Point Church Database. The Point privacy policy is on the the Point website.

[] We are happy to be contacted about Point Kids events, groups, specials etc

I am happy to receive communications by: [] email [] social media [] post [] phone/text

Signed..... Name (printed).....

Relationship to child:.....Date.....