

General information and consent form - VISTORS

Child / Youth Group: _____

Full name of child / young person: _____

Address (or contact details): _____

Details of any regular medication or medical problem (allergies, asthma, epilepsy, dietary needs) which may affect normal activity: _____

Name of parent/carer: _____

Tel no: _____

Person picking up child if different from above: _____

Tel no: _____

- I give permission for the above named child/young person to take part in the normal activities of this group.
- I understand that while involved s/he 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, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.
- In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic.

USE OF PHOTOGRAPHS

To comply with the Data Protection Act 1998 we need your permission before we use photographs of your child. Any photograph will be used exclusively for the promotion of CNC. Please note that our website can be seen throughout the world and not just in the United Kingdom, where UK law applies. Conditions for use of any image are as follows:

- We will not include identifying information of any individual in an image on our website or in printed publications.
- Any photographs taken on behalf of Cheltenham Network Church are stored centrally on a secure computer and the photographer is asked not to keep their own copies. We will delete from our files any image at the written request of any individual in a photograph.

If photographs are taken for publicity purposes in which your child is included, are you prepared to allow the photographs to be used either on websites or adverts promoting the activities of Cheltenham Network Church?

YES / NO

Signed:
(parent, or adult with parental responsibility)

Print name:

Date: