



Union Baptist Church  
The HUB • High Wycombe

Registered Charity No: 1130582



# Registration Form for Children and Young People At Union Baptist Church



**Data Protection Act (1998):** This form and the information provided on it will be confidentially stored by Union Baptist Church, our Data Privacy Policy and our Child Protection Policy are available on our website

<http://www.unionbaptist.org.uk>

Please indicate any inapplicable field with N/A

**We ask for some information to enable us to care for your child or young person while they are at any groups or activities with us.**

|                                |            |
|--------------------------------|------------|
| <b>Childs Details</b>          |            |
| Childs full Name               |            |
| Known as                       |            |
| Date of Birth                  | Gender M/F |
| Address                        |            |
|                                |            |
| Post Code                      |            |
| <b>Parent/Guardian details</b> |            |
| Name of Parent/Guardian        |            |
| Relationship                   |            |
| Mobile Contact No.             |            |
| Emergency Contact No.          |            |

| <b>Additional Information, to help us care.</b>   |  |
|---|--|
| Regular Medication your child may need whilst in the group.<br><i>It is your responsibility to keep us informed of any changes to this medication</i> |  |
| Additional support<br><input type="checkbox"/> Please check the box if you would like the Group Leader to contact you.                                |  |
| Dietary requirements to be aware of.  |  |
| Any other medical information we should be aware of   |  |

| Medical Information  |             |                 |
|--|-------------|-----------------|
| Please circle the relevant response, any additional information can go in the 3 <sup>rd</sup> Column e.g. has an inhaler |             |                 |
| Asthmatic  | Yes /<br>No |                 |
| Epileptic  | Yes /<br>No |                 |
| Eczema   | Yes /<br>No |                 |
| Allergies  | Yes /<br>No | Please specify. |
| Date of last Tetanus if known?   |             |                 |

|  |
|--|
| <p><b>Onsite medical form</b></p> <p>I give permission for my child to receive first aid by a qualified first aider, including the giving of medication (including paracetamol or ibuprofen) as appears necessary and receiving emergency medical, surgical or dental treatment.</p> <p>Signed:..... Date:.....</p> <p>Printed:.....</p> |
|--|

## Multimedia recordings Consent

At Union Baptist Church, there are a variety of ways your child/young person might be recorded.

Our morning services are Livestreamed, meaning that the service will be visible on the internet, therefore your child must have your permission before they are able to volunteer on the platform during the service.

More traditional photographs and recordings may be made during their individual group time, to use within a service, on our Social Media platforms. Printed publicity, Video's.

We will not use personal details or full names (which means first name and surname) of any child or young person in a photographic image or video.

### **Please delete as applicable**

***I give/do not give*** consent for recordings/images of my child to be used by Union Baptist Church.

Signed\_\_\_\_\_ Date\_\_\_\_\_