

Consent Form

At Leeds Vineyard we take your child's safety seriously; to assist us in caring for your child please could you fill in this form, with as much detail as possible. **Please write clearly in capitals using black ink.**

Child's name _____

Date of Birth _____ School year in September 2014 _____

Parent's or guardian's names _____

Home Address _____

Home phone number _____

Mobile phone numbers _____

Name and mobile phone numbers of any other adults who may sign in/out your child or be contacted in an emergency _____

Any medical conditions e.g. asthma, epilepsy, diabetes, allergies _____

Is your child on any medication that we need to know about e.g. inhalers? _____

Any special needs that they might need assistance with e.g. dyslexia, limited sight, hearing, physical and/or social skills _____

Any dietary requirements _____

Is there anything else that you would like to tell us about your child that would help us care for them?

I understand that photographs and video may be taken at the events by team members or other staff and volunteers of Leeds Vineyard. I understand that these may be used internally or in promotional material or on the church website. I understand that these photos will not normally be of individual children, but will be trying to get a taste of the event and activities.

Signed _____

I give my permission for my child to attend Leeds Vineyard and to take part in all its activities. In the unlikely event of an accident I give my permission for any necessary medical treatments to be given by the nominated first aider. I understand that my child will receive medication as instructed. I also understand that if my son or daughter becomes ill, then every effort will be made to inform me. If I am not contactable, then my child will be given medical or dental treatment as considered necessary further to any medical advice being sought.

I understand that I am responsible for supervising my child when outside of the organised children's and youth activities.

Data Protection Act 1998. I understand information supplied on this form may be held in a database for administration purposes. I give my consent to sharing details of my child's health and disabilities with the leaders of relevant Leeds Vineyard activities.

This form needs to be signed by an adult with parental responsibility for the child or young person.

Signed _____ **Print name** _____ **Date** _____