



# CONSENT FORM - 2008/2009

For use within regular activities  
of Tonbridge Baptist Church  
Valid: 01/09/08 - 30/09/09

**Tonbridge Baptist Church  
Private & Confidential**

Name of Young  
Person:

Dear Parent / Guardian

As a matter of good practice, it is our policy at TBC that all children and young people attending an organisation run by the church must have a completed consent form for the current school year. This also covers medical details we may need to be aware of. The information given will be stored on computer at TBC and available to employees of the church, as well as the leaders of the applicable organisations and the youth / children's leadership teams.

Please ensure you complete both sides of this form in biro or fountain pen - not pencil or felt tip pen. The form must be returned to church as soon as possible in order for your child to attend TBC activities during the 2008-2009 academic year. Please return the form to either myself in the TBC office or your child's organisational leader as soon as possible.

With Thanks

Fiona Tolhurst (Administrator)

### Young Person's details:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_

### ORGANISATION: *please tick all organisations attended*

Beginners	<input type="checkbox"/>	Boys Brigade	<input type="checkbox"/>	Section: Anchor Boys / Juniors / Company / Seniors
Adventurers	<input type="checkbox"/>	Girls Brigade	<input type="checkbox"/>	Section: Explorers / Seekers / Juniors / Seniors / Brigaders
Club Sunday	<input type="checkbox"/>	Fresh	<input type="checkbox"/>	(please circle)
CTBC	<input type="checkbox"/>	SNR	<input type="checkbox"/>	
		Cell Group	<input type="checkbox"/>	Cell Leader: _____

### Parent / Guardian's Details

Name of Parent / Guardian: \_\_\_\_\_

Relationship to Young Person: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

**Email Addresses:** If email addresses are given we will use them to communicate with you so please only provide email addresses which are checked regularly.

Parent / Guardian's Email: \_\_\_\_\_

Young Person's Email: \_\_\_\_\_

### Contact Numbers:

Landline, inc. area code: \_\_\_\_\_

(Please note, this should be the number where both parent and child may be contacted. Please give additional numbers if appropriate.)

Parent's mobile: \_\_\_\_\_ name: \_\_\_\_\_

Alternative mobile: \_\_\_\_\_ name: \_\_\_\_\_

**PTO for medical details and consents >>**

**MEDICAL DETAILS:**

Name of young person's doctor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number (Inc area code): \_\_\_\_\_

NHS Number: \_\_\_\_\_

Does your child:

• Suffer from asthma? **YES / NO**  
If yes, please state how this is controlled:

• Suffer from any allergies? **YES / NO**  
If yes: 1. State what and how they show up:

2. Describe any specific treatment he/she has:

• Suffer from diabetes? **YES / NO**  
If yes, please state what tablets or medication he/she takes to control this:

• Suffer from fits / seizures? **YES / NO**  
If yes, please state what tablets or medication he/she takes to control this:

• Have a physical / mental / behavioural disability? **YES / NO**  
If yes, please state what this is and any medication he/she takes to control this:

Has he/she been vaccinated against tetanus in the last ten years? **YES / NO**

Has he/she ever had a general anaesthetic? **YES / NO**

In the event of an incident in which he/she is taken to hospital and we are unable to contact you, do you give consent for him/her to have:

A blood transfusion? **YES / NO**

A general anaesthetic? **YES / NO**

Other comments:

**PERMISSION:**

1. I give permission for my child to attend and take part in the activities of the organisations named above. I accept that no activity is entirely risk free, but that Tonbridge Baptist Church (TBC) will take every step to ensure my child's safety.
2. I give permission for the First Aider (\*) on duty to administer first-aid and to call an ambulance should the need arise as set out in the TBC Policy "Guidelines for handling an incident/accident involving a young person". (I understand that I can obtain a copy of the policy from TBC if I so wish.) For the purpose of this document, the term 'First Aider' refers to a person who has undertaken adequate First Aid training.
3. In the event of illness or accident, I authorise the Leader-in-Charge or other authorised leader to sign on my behalf any written form of consent required by medical authorities, if the delay required to obtain my signature is considered inadvisable by the doctor or the surgeon concerned.
4. I give permission for my child to be in photographs that may: (please delete as appropriate)  
be used within the church (i.e. in displays / on notice-boards) **YES / NO**  
be included on the new TBC youth website, and the new TBC website **YES / NO**
5. I give permission for the information given on this form to be stored on computer at TBC and available to employees of the church, as well as the leaders of the applicable organisations and the Youth / Children's Leadership Teams.

Signed: \_\_\_\_\_ Date signed: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to young person: \_\_\_\_\_