The Church of Christ the King Registration & Consent form.



This consent form is for all the activities for children and young people at the Church of Christ the King for the current academic year (2018/19). These include: weekly activity-based groups, Children's and Youth Roots/ Small Groups, also our work with young adults. Completing this consent form will entitle your child to attend the age appropriate group and/or serve on a team. (To be completed as appropriate by the adult, or parent/carer of the child or young person under 18, annually for church groups).

Section1. Family contact details:

This information will help us contact you should we need to. Pl	ease check or complete the details where appropriate:
Child's first name	
Child's last name	
Date of Birth	
Address Line 1	
Address Line 2	
Town	
County	
Postcode	
Name of Parent(s) or Guardian(s)	
Parent / Guardian Home telephone	
Parent / Guardian Mobile	
Parent / Guardian Email	
If appropriate, Child's Mobile	
If appropriate, Child's Email	
Family Doctors Details	
School	
Christ the King Group	
About your child:	
Does your child have any food allergies? (please specify):	
Does your child have any medical conditions? (please spec	ify):
Does your child take any medication? (please specify):	
Does your child have any additional needs? (please specify	·):
Is there anything else you would like us to know about you	/your child?
Alternative emergency contact details for parents/gu	<u>ıardians:</u>
Contact name for carer/ an alternative adult in case o	f emergencies
	hip to you/your child
Arrangements for collection: church groups (please a	elete as appropriate)
I will bring and collect my child to and from the group	Yes/No
<i>Or</i> My child will be collected by	Relationship to you/your child
Name of anyone NOT allowed to collect my child	Relationship to child
My child has permission to travel to and from the gro	un without me (children over 11 vegrs) Ves/No

Section 2 Permission and Specific Consent:

membe signing	ly and we will only use your persona er of a group and take part in the act this form you are confirming that yo ocessing your personal data for the f	civities and service ou are consenting	es at the Church g to the PCC of C	of Christ the I Christ the King	King. Please note that by Church, Kettering holding			
conse	nt to the church contacting me by:	□ Post	Phone	☐ Email	Social Media			
	I give my consent to any medical treatment that may be required in an emergency by either a qualified medical practitioner or a qualified first aider. I agree to inform the youth at CtK team of any changes to the medical information supplied overleaf. (*see note below);							
	I give my permission for my son/daughter to be photographed or filmed when taking part in CtK children and youth activities and the pictures and film footage used for CtK publicity (inc social media, online, & Print); (please note this will be done in accordance to our privacy and using images and video policy & guidelines)							
	I give permission for Church of Christ the King to communicate with my child using the following form(s) of communication, in line with the Social Media practice guidance (available on request). Please tick those to be used							
	☐ Facebook / Social Media	☐ Email 〔	☐ Text Messa	aging				
	I give permission to add mine and my child's details to ChurchSuite (web based directory and administration tool) to enable the church to communicate with us and register my child.							
	keeping me informed about news, events, activities and services at Christ the King; (please note that you can unsubscribe from Ministry Update messages at any time)							
to use yo limited si	grant consent to all the purposes; one of the our personal data; (so for example we may n ituations, such as where required to do so b use your data from our Privacy Notice, which	ot be able to let you y law or to protect m	know about forthco embers of the publ	oming services and ic from serious ha	d events); except in certain rm. You can find out more about			
Kettering	withdraw or change your consent at any tim 3, NN15 7AA or office@ctk.org.uk 2 01536 to which of the or office of this is required t.	517553. Please note	that all processing	of your personal d	ata will cease once you have			
Section	3. Further information to be read o	and signed by an	adult with pare	ental responsib	ility.			
Church acaden	ing this I give permission for my son, of Christ the King and take part in the lic year. Transport to and from thes s or guardian's responsibility.	he weekly activiti	es they run for	children and yo	oung people for the current			
	an activity is away from the usual pro e Church of Christ the King's transpo	_	-	ling by private	transport in accordance			
held re	wledge that expensive personal possiponsible for any loss or damage to sions and devises at home.	•	· •					
from co	stand that if my son or daughter gro ontinuing to take part and may be as iberate damage caused by my son/c	sked to leave/ be		-				
Signed	(parent/guardian)	•••••	Da	te				
Name (parent/guardian)							

Here at the Church of Christ the King we take the safeguarding of children and young people and your privacy

^{*} Note: The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Medical consent forms have no legal status and a doctor has the right to insist on parental consent to treat a child. However, it can be of comfort to medical staff to have general consent in advance from parents or have a leader on hand to sign forms.