**General Information and Consent Form**

To register your child(ren) and to ensure their safety whilst participating in church groups or activities, please complete this form and let us know if any of these details change. All information in this form will be held confidentially by Banchory Christian Fellowship Church in accordance with the Data Privacy Policy.

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| **Parent/Guardian Contact Details** |
| Forename: | Click or tap here to enter text.  | Surname: | Click or tap here to enter text. |
| Address line 1: | Click or tap here to enter text. |
| Address line 2: | Click or tap here to enter text. |
| Town: | Click or tap here to enter text. |
| Postcode: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |
| Landline: | Click or tap here to enter. | Mobile: | Click or tap here to enter. |
| **Additional Person Responsible for Child(ren) in Case of Emergency**  |
| Forename: | Click or tap here to enter text.  | Surname: | Click or tap here to enter text. |
| Landline: | Click or tap here to enter. | Mobile: | Click or tap here to enter. |
| **Child(ren)’s Details** (Email & Mobile only for S1-S6 children) |
|  |  |
|  | Child 1 | Child 2 | Child 3 |
| Name: | Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap here to enter text.  |
| Date of Birth: |  Type or select date.  |  Type or select date.  |  Type or select date.  |
| Year Group: | Choose an item.  | Choose an item.  | Choose an item.  |
| Health & Special Needs:*Detail any health conditions (e.g. asthma, allergies) or special needs which may affect normal activity, or that we need to be aware of:* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Mobile: | Click or tap here to enter. | Click or tap here to enter. | Click or tap here to enter. |
|  |
| **Child(ren)’s General Practitioner** |
| GP Name: | Click or tap here to enter text. | Tel: | Click or tap here to enter. |
| Surgery Name: | Click or tap here to enter text. |
|  |  |
| **Parent / Guardian Permissions** |
| Data Privacy |
| Banchory Christian Fellowship Church is committed to protecting your privacy and safeguarding personal data in compliance with data protection law. The Information Commissioner’s website provides in-depth information regarding the requirements for data protection: <https://www.ico.org.uk/>. We shall use the information you have provided in this form for the purpose of the administration of the church group(s) or activities your child or children participate in and any related matters including events and will only keep the data for as long as required for that purpose. Our Data Privacy Policy can be viewed via our website at: <https://www.bcfchurch.org.uk.>  |
| First Aid, Emergency Medical and Dental |
|  |  |
| In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary first aid, hospital or dental treatment including an anaesthetic. | [ ]  Yes [ ]  No |
|  |
| Photography & Electronic Recordings |
|  |  |
| I give consent to my child(ren)’s involvement in Church activities being photographed and/or electronically recorded and the rights for any reproductions of the images to be used for fundraising, publicity, or other purposes to help achieve the Church’s aim. This might include (but is not limited to) these images/electronic recordings being displayed / viewed within Church, in printed and on-line publicity, social media and press releases. | [ ]  Yes [ ]  No |
|  |
| Other Consents |
|  |
| 1. I have read, understand and accept your Data Privacy Policy.
2. I give permission for my child(ren) to participate in the normal activities of the group(s), including via online video conferencing; and for Banchory Christian Fellowship Church to use the provided contact details to communicate with me and my child about the group(s).
3. I understand that separate permission will be sought for activities lasting longer than, or out-with, the normal meeting time of the group.
4. I understand that while involved in registered activities my child(ren) will be under the control and care of the group leader and/or others approved by the church leadership and that, whilst the staff in charge of the group(s) will take reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child(ren), or as a result of the activity.
5. I give permission for my child(ren) to have sunscreen applied / nappy changed as required.
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| **I accept and consent to 1 – 5\* above:** |
|  |
| Insert signature of parent/guardian responsible for the child(ren): |  |  |
|  |  |  |
| OR print form and sign here: |  | …………………………………………………………………………………………………… |
| Date: |  |  Type or select date. |
|  |

\* *Regrettably, without your acceptance and consent we are unable to register your child(ren) for church groups or activities.*