

Information & Consent Form for Found Youth

Please complete sections 1- 4 in block capitals please

1. Young Person Information (Please leave email and mobile number blank if your child does not have their own email and / or mobile)

Full Name: _____ Date of birth: _____

Home Address: _____

_____ Post Code: _____

Mobile Number: _____

Email Address: _____

2. Parent/Legal Guardian Information

Name: _____ Relationship to Young Person: _____

Mobile Number: _____

Email Address: _____

3. Medical Information (of young person)

Please give details of any medical conditions (e.g. epilepsy, asthma, diabetes) or allergies (e.g. plasters, antibiotics) we should be aware of, including any medication taken: _____

Please give details of any special dietary needs (e.g. food allergies) we should be aware of: _____

4. Additional Emergency Contact (in case the person stated at (2) is unreachable)

Name: _____ Relationship to Young Person: _____

Phone Number: _____ Mobile Number: _____

Consent by Youth

- ☐ I confirm that the above details are complete and correct to the best of my knowledge. If any personal information changes, I will let the Youth Pastor know
- ☐ I give my consent for Life Church Bath to hold this information and to contact me using the details above, with information about Youth activities and anything relating to young people. This may be by phone, voicemail, email, text, What's App, Facebook, Messenger, Instagram or other social media sites that I use in agreement with my parents
- ☐ I give my consent for photos and videos to be taken at youth events and to be used on social media, in printed material (for examples posters) and on the website

Your Signature _____ Date _____

Parent/Legal Guardian Consent

- ☐ I confirm that the above details are complete and correct to the best of my knowledge. If any personal information changes, I will let the Youth Pastor know
- ☐ I give consent for my child to attend youth activities, events and trips organised by Life Church Bath. I understand that every care will be taken to ensure the health, safety and welfare of my child
- ☐ In the unlikely event of illness or accident at a youth event I understand that every effort will be made to contact me, and if I am not available, the second named emergency contact, as soon as possible but that if neither of us are contactable I give my permission for any necessary medical treatment: first aid treatment, hospital treatment, including an anaesthetic
- ☐ I give consent for Life Church Bath to contact me using the information above, with information about youth activities and anything relating to young people
- ☐ I give consent for my child to be contacted by phone, voicemail, email, text, What's App, Facebook, Messenger, Instagram or other social media sites by a member of the Life Church Bath Youth team to let them know any information regarding Youth events. Please note that minimum age guidelines apply for the use of all apps, social media sites etc. This currently stands at age 16 for What's App and age 13 for Facebook and Messenger. Any usage of these sites by young people is at parental discretion
- ☐ I give my consent for photos and videos of my child to be taken at youth events and to be used on social media, in printed material (for examples posters) and on the website

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Name _____ block capitals please

This information in this paper format will be kept securely on file and also electronically. Please see our privacy notice for more information.

Life Church Bath, 1a Forum Buildings. St James's Parade, Bath, BA1 1UG
W: lifechurchbath.com T: 01225 463556

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