



HOLYWOOD BAPTIST CHURCH
Parents Registration & Consent Form for children

Form 3

Hollywood Baptist Church requires this form to be completed by the parent or guardian with parental responsibility before their child can participate in church groups.

This information will be kept confidentially by the church, unless requested by a relevant authority in accordance with the Data Protection Act 2018. You can find our privacy statement at www.hollywoodbaptist.org.uk/User/PrivacyPolicy.aspx

1. Groups

I agree to my child _____ attending the group(s) listed below.

1. _____

2. _____

Full name of the young person _____

Name by which the child/young person is usually known _____

Address _____ Postcode _____

Telephone number(s) _____ Date of birth ____/____/____

2. Parents contact details

Parents Name _____

Address _____

Post Code _____

Home Tel No _____

Mobile No _____

Email address _____

3. Medical Information

Doctors Name _____

Address of surgery _____

Post Code _____

GP Tel No _____

Please tell us of any known medical conditions, allergies etc. and any medication currently being taken



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Does your child suffer from any conditions requiring special medical treatment, including medication? Yes No (Please tick)
If Yes, please give details below

Is your child allergic to any medication? Yes No (Please tick)
If Yes, please give details below:

Any other comments you think may be helpful.

4. Emergencies

If I am unavailable contact:

Name: _____

Tel No: _____ Relationship _____

5. Consent

I will inform the leaders of any important changes in my child's health, medication or needs and also any changes to our address or to any of the phone numbers given above.

1. In the event of illness or accident, as the person with parental responsibility for the above-named child, I give permission for first aid to be administered.

Yes No (Please tick)

2. During the time your child will spend with us, photographs/film recordings may be taken for general church purposes and for this we need your permission.

- Do you agree to your child being included in church photographs?

Yes No (Please tick)

- Do you agree to your child being included in film recordings?

Yes No (Please tick)

I confirm that the above details are correct to the best of my knowledge.

Your Name _____ (print please) Relationship to child _____

Signed _____ Date _____

The information you supply on this form will be used and stored by the Group Leader. We will not share your information with third parties, and your information will be held in accordance with our records management policy. For full details of Hollywood Baptist Church's privacy policy, see: www.hollywoodbaptist.org.uk/User/PrivacyPolicy.aspx

