



Kingdom Kids

Consent Form

St. John's
Woodbridge

Child's name..... DOB.....

Address.....

Parent/carer name(s).....

Parent's email.....

Contact phone number (on which we can contact you during sessions).....

Medical conditions or allergies we should be aware of, including any medication your child will bring to the session:

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Any other things you think we should be aware of:

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If we need to contact you during a session we will come and find you in church or call the number you have provided above. However, we sometimes need to contact you between sessions to let you know about meeting details or changes or other church activities for children and families. How would you prefer us to contact you outside of session times?

Email ☐ Phone ☐ SMS/text message ☐ WhatsApp ☐

Phone number to use (if different to the above).....

From time to time we may take photographs or video clips for use on church display boards, in church or on our website or Facebook page. We do not include names of children or young people with photos or video clips and endeavour to make sure that children and young people cannot be identified by people who do not already know them. Please tick the boxes below to give your consent for us to use photographs or video clips including your child.

☐ *I give permission for photographs including my child to be used in church displays, leaflets etc., and in church feedback.*

☐ *I give permission for photographs/video clips of my child to be used on the church website and the St John's Facebook page.*

- I give permission for my child to attend the above group(s) during normal session times, and for first aid to be administered by a team member or a paramedic if necessary. I understand that additional consent will be sought for trips or activities outside normal meeting times or away from the normal meeting place.*
- I give permission for the information on this form to be stored electronically. I understand that the information given on this form will be shared only with the team running the group.*

Signed.....

Print.....

Date.....