

**Blaze is a Community for Youth run by Kairos Network Church**

Name of young person: _____ Date of Birth: (DD/MM/YY) _____

Address: _____

Post Code: _____

Telephone number(s)/ email of young person (to help us keep them informed)

Who has parental responsibility for the young person?**(1) Name:**

Address: (if different from above)

Postcode:

Telephone numbers:

(2) Name:

Address: (if different from above)

Postcode:

Telephone numbers:

Additional contact's name:

Telephone number(s):

Relationship to the young person:

Whilst in our care it is important to know whether your child: (Please give details)

- suffers from any allergies:
- is on any medication:
- Do they require: an Epi-pen? Yes / No an inhaler? Yes / No Are they able to self-administer? Yes / No

Declaration

- I give permission for my son/daughter to take part in the normal, weekly activities of this group. Yes / No
- I give permission for the youth leaders of Kairos Network church to take my child off site for up to 2 hours as part of a group activity or event (e.g. BBQ, Treasure Hunt) and to travel in a known leader's car. Separate permission will be sought for longer or overnight trips. Yes / No
- I give permission for my child to be in photos or video footage taken during youth events and displayed in forums such as Kairos Newsletters, displays, Kairos Church Website, Kairos Social Media (FB and Twitter) Yes / No
- In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic: Yes / No
- I give permission for my son/daughter to be informed by text, by a named and authorized leader, of events, reminders and gathering times Yes / No

Signed (parent or adult with parental responsibility): _____**Date:** _____