

# Youth Club Consent Form

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This consent form covers all activities based at the Earley Christian Fellowship hall and any offsite activities as advised.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Parent emergency contact number \_\_\_\_\_

## Medical details

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Does your child have any medical conditions? Yes / No

If yes, please give details \_\_\_\_\_

I give permission for my son/daughter to be involved in the activities organised by Earley Christian Fellowship Youth Club? Yes / No

I give permission for my son/daughter to be transported from the Church location to organised activities by way of the church minibus or private transport available to ECF? Yes/No.

I give permission for photographs of Youth Club activities to be taken during the session which may include my child. Yes/No

## Covid-19

- If my child shows any of the three following symptoms, they will not attend youth club
  - a new continuous cough
  - a high temperature
  - a loss of, or change in, their normal sense of taste or smell (anosmia),
- If anyone else in my household shows any of the above symptoms, my child will not attend.
- If my child develops any of the above symptoms or has a positive PCR test result within 48 hours of being at youth club I will contact one of the leaders to inform them.

In signing this consent form, I agree to the above statements.

Any children who develop any of the above symptoms, whilst at youth club will need to be collected as soon as possible.

Signed \_\_\_\_\_ (Parent/Guardian)

Date \_\_\_\_\_

**ALL OUR LEADERS 18+ HAVE BEEN DBS CHECKED. WE ADHERE TO EARLEY CHRISTIAN FELLOWSHIP'S CHILD PROTECTION POLICY, IN WHICH PETER COWLING IS THE CHILD PROTECTION OFFICER.**