



HOLYWOOD BAPTIST CHURCH

Form 5

Special Activities & Reply Slip

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

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

Activity

Group Name _____

Proposed Visit or Activity _____ Date ____/____/____

Venue/Destination _____

Departure place & time _____

Return place & time _____

Cost £ _____ Cheques payable to: **Hollywood Baptist Church**

Transport arrangements _____

Items to be brought _____

Reply by _____ to _____



1. Reply Slip

Full name of the young person _____

Address _____ Postcode _____

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

2. Medical Information

Doctors Name _____

Address of surgery _____ Postcode _____

GP Tel No _____

Please tell us of any known medical conditions (e.g. asthma, epilepsy, diabetes, allergies, or dietary needs) or disability that may be affected by this activity

3. Emergencies

Daytime Tel No: _____ Evening Tel No: _____

In an emergency and/or if I cannot be contacted, I am willing for my child to receive doctor/ hospital or dental treatment including an anaesthetic:

Yes No (Please tick)

4. Consent

I have read the above information and I give permission for _____ to take part in this activity.

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.

I enclose a cheque or cash for the sum of £ _____

Your Name _____ (print please) Relationship to child _____

Signed _____ Date _____



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The information requested on this form can be completed by a carer, but only those with parental responsibility can sign consent (NB This may not include a foster carer). This form should be taken with the leader on the activity or visit. A photocopy of the form should be kept securely in the church.

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 Holywood Baptist Church's privacy policy, see:

www.hollywoodbaptist.org.uk/User/PrivacyPolicy.aspx