

Youth Information Form

The information on this form will be kept safely and only distributed to leaders of groups involved. This form allows our organisation vital medical information for our records along with permission for use of photos and communication.

Name of Young Person: _____

Communication Methods

Please tick the boxes below to give permission for the particular item.

I give permission for Park Road Baptist Church to...

Send out Text messages

Send out E-mails

Use MSN Messenger

Take Photos/ Video

Contact Details (of young person) – *fill in if applicable*

Mobile Number: _____ E-mail: _____

MSN: _____

Full details of how we will use these methods of communication are on the letter enclosed.

Health Declaration

In the event of an emergency it is vital we have contact details for your son/ daughter.

Any known allergies/disabilities: _____

Emergency Numbers

Name: _____ Number: _____

Name: _____ Number: _____

I agree that the information stated above is correct and that the information may be distributed to leaders it may concern.

Signed (parent/ guardian): _____